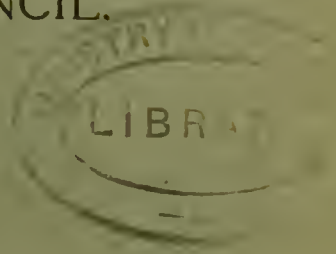


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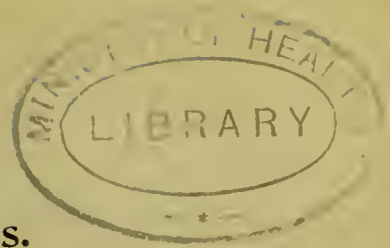
(MEDICAL DEPARTMENT).



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ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1925.

EXETER:
A. WHEATON & CO., LTD., PATERNOSTER PRESS, FORE STREET.



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MEDICAL STAFF.

County Medical Officer of Health, School Medical Officer and Administrative Tuberculosis Officer.

DR. GEORGE ADKINS. Deputy: DR. W. HORTON DATE.

Tuberculosis Department.

DR. J. C. SMYTH, *Superintendent of Hawkmoor Sanatorium.*

Tuberculosis Officers.

DR. C. J. GALBRAITH (Exeter Area).

DR. J. SWAN (Barnstaple Area).

DR. E. WARD (Torquay Area).

Medical Officers of Hospitals.

DR. D. R. ADAMS, White Cliff (Torquay). Part time.

DR. J. C. DIXIE, Hawley (Barnstaple). „

DR. W. HORTON DATE, Ivybank (Exeter).

Education and Child Welfare Department.

Medical Inspectors.

DR. R. A. HOSEGOOD (Exeter Area).

DR. C. H. STRATON (Honiton Area).

DR. W. H. SCOTT (Barnstaple Area).

DR. A. BAXENDELL (Newton Abbot Area).

DR. T. H. CORKERY (Plympton Area).

DR. G. R. PAINTON (Okehampton Area).

DR. T. DUNLOP (M.O.H., Torquay). Part time.

School Oculist.

DR. J. L. WILSON.

Mental Specialist.

DR. C. A. P. TRUMAN (also M.O. to Mental Deficiency Committee).

Open Air School, Torrington.

DR. MORTIMER, Medical Officer (part time).

School Dentists.

MR. G. R. CATCHPOLE (Okehampton Area).

MR. H. J. FOOKS (Paignton Area).

MR. R. J. INDER (Barnstaple Area).

MR. J. M. RAYMONT (Exeter Area).

MR. L. STRANGWAYS (Torquay Secondary Schools). Part time.

Maternity and Child Welfare Centres.

DR. H. C. JONAS (Barnstaple). Part time.

DR. E. PEARSON (Bideford). „

DR. P. H. GARDNER (Ilfracombe). „

DR. W. A. VALENTINE (Appledore). „

DR. H. F. L. HUGO (Crediton). „

Maternity and Child Welfare Centres—*continued.*

DR. F. N. SIDEBOTHAM (Ottery St. Mary).	Part time
DR. R. BURGESS (Tiverton).	"
DR. C. BEESLEY (Exmouth).	"
DR. M. MORRIS (Paignton).	"
DR. H. B. MAPLETON (Newton Abbot).	"
DR. J. F. FALCONER (Brixham).	"
DR. E. CADMAN (Dartmouth).	"
DR. H. R. ALLINGHAM (Totnes).	"

Venereal Diseases Clinics.

DR. H. C. JONAS (Barnstaple).	Part time.
DR. G. D. KETTLEWELL (Plymouth).	"
DR. P. D. Warburton (Exeter).	"

Radiologists.

DR. HODGSON (Exeter).	Part time.
DR. CHEYNE WILSON (Plymouth).	"

Bacteriologists

MR. T. TICKLE (Exeter).	Part time.
DR. WORDSLEY (Plymouth)	"

County Analyst.

MR. T. TICKLE (Exeter).	Part time.
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Nursing Staff.

Inspector of Midwives and Chief Health Visitor.

MISS L. BOOKER.

Health Visitors, School Nurses and Tuberculosis Visitors.

Areas.		Areas.	
Axminster	MISS MACKENZIE.	Kingsbridge	MISS ACTON.
Barnstaple		Newton Abbot	" PARSONS.
(Borough)	" QUARE.	Okehampton	" JEFFRIES.
(Rural)	" G. RUTTER.	Paignton	" BISHOP.
Bideford	" LEE.	Plympton	" THOMPSON.
Crediton	" CLEUGH.	St. Thomas West	" ELLIS.
Dartmouth and		St. Thomas North	" JAMES.
Brixham	" RICKMAN.	Tavistock	MRS. BRACE.
Exmouth	" FRAYLING.	Tiverton	MISS JARRETT.
Honiton	MRS. JACKSON.	Tiverton (Rural)	" COX.
Ilfracombe	MISS E. RUTTER.	Totnes	" COTTLE.

School Nurse. MISS ROOTE.

Dental Nurses.

Exeter Area,	MRS. W. L. WIDGERY.
Barnstaple Area,	MISS E. B. LONGNEY.
Okehampton Area,	MISS W. M. GREGORY.
Paignton Area,	MISS C. B. GOLDING.

Chief Clerk.

MR. A. H. CHURCHILL.

14 BEDFORD CIRCUS,

EXETER,

June, 1926.

To the Chairman and Members
of the Devon County Council.

MY LORDS AND GENTLEMEN,

I have the honour to present my Eighteenth Annual Report, which deals with public health subjects in the Administrative County for the year ending December 31st, 1925. It has been drawn up in conformity with the Memorandum of the Ministry of Health, which directs that the Report for 1925 should be a Survey Report, and it therefore differs in many respects from those of previous years. The main heads required by the Ministry of Health are :—

1. Natural and Social Conditions.
2. General Provisions of Health Services.
3. Sanitary Circumstances.
4. Housing.
5. Inspection and Supervision of Food.
6. Prevalence and Control of Infectious Diseases.
7. Maternity and Child Welfare.

The Report is so arranged that details of these different services will be found under the appropriate heading in the body of the Report.

The general remarks in the Preface of my Report for 1924 in relation to Births, Deaths, Infant Mortality, Infectious Diseases, including Tuberculosis and Venereal Diseases, Cancer, Child Welfare, Housing, Food, including Milk, etc., generally hold good for the year 1925. There have been less births and deaths registered in the County, and a slight increase in the infant mortality rate. There has been a diminution in the number of notifications and deaths from tuberculosis and six less deaths from cancer.

A steady improvement in the housing conditions, both in regard to the provision of new and the renovation of old houses, has been maintained. Much has been done to improve the quality of the milk supply.

The efficient working of the principal health services, which are relatively high in cost on account of the geographical difficulties of the County, is still seriously handicapped by the want of a sufficient staff of health visitors. This has been particularly alluded to in the annual reports of the School Medical Inspectors for the year.

One important step to raise the standard of the general health has been made for the first time by the institution of a Health Week for the whole County. In many areas this was keenly taken up with most gratifying response. The details are to be found in the Special Report in the Appendix. It is hoped to have a more efficient Health Week for the current year by devoting a longer period for its preparation.

I am,

Your obedient Servant,

GEORGE ADKINS.

TABLE I.
(Census Figures.)

Districts.	Acreage.	Total Population, Census 1921.	No. of Separate Families	Average No. of persons per family.
	(1921)	(1921)	(1911)	(1911)
URBAN.				
Ashburton	6963	2362	643	3.8
Axminster	667	2049	..	..
Bampton	7799	1467	359	4.3
Barnstaple	2235	14409	3539	4.0
Bideford	3416	9125	2021	4.4
Brixham	5626	7774	1951	4.0
Buckfastleigh	1365	2264	594	4.0
Budleigh Salterton	957	2024	582	3.7
Crediton	1087	3501	945	3.8
Dartmouth	1925	7219	1570	4.4
Dawlish	1486	4675	1066	3.8
Exmouth	4630	13606	2992	3.9
Holsworthy	703	1410	310	4.8
Honiton	3134	3093	751	4.2
Ilfracombe	5627	11772	2206	4.0
Ivybridge	651	1574	407	4.2
Kingsbridge	1046	2946	744	4.1
Lynton	7202	2587	421	4.2
Newton Abbot	4153	13837	3210	4.2
Northam	3088	5867	1272	4.3
Okehampton	503	3449	652	4.8
Ottery St. Mary	10008	3538	926	3.9
Paignton	5188	14451	2714	4.1
Salcombe	1181	2199	518	3.9
Seaton	1178	2295	393	4.3
Sidmouth	1572	5668	1200	4.6
South Molton	5910	2818	727	3.7
Tavistock	1562	4316	1083	4.0
Teignmouth	1589	10970	2376	3.8
Tiverton	17679	9712	2481	4.1
Torrington, Great	3592	2929	737	4.1
Torquay	3906	39431	8459	4.5
Totnes	1422	3983	951	4.3
Total	119068	219926	48800	4.2
RURAL.				
Axminster	52135	9807	2959	4.1
Barnstaple	129768	19293	4328	4.2
Bideford	55975	6023	1490	4.2
Broadwoodwidge	29294	2288	530	4.5
Crediton	93370	10059	2630	4.1
Culmstock	20972	3173	784	4.2
Holsworthy	79518	6688	1591	4.4
Honiton	73043	9113	2264	4.2
Kingsbridge	70818	11627	2852	4.0
Newton Abbot	99173	20087	4591	4.2
Okehampton	132818	13476	3166	4.2
Plympton St. Mary	73413	21659	4658	4.6
South Molton	117432	10030	2420	4.5
St. Thomas	115100	26479	5942	4.4
Tavistock	151616	15609	3624	4.4
Tiverton	85368	14282	3577	4.2
Torrington	79803	8459	2071	4.3
Totnes	80978	11918	2800	4.3
Total	1541880	220070	52277	4.3
Administrative County	1660948	439996	101077	4.3
England and Wales ..	37340338	37885242	8018857	4.4

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LIST OF MEDICAL OFFICERS OF HEALTH.

District.	Name	Date Report received.	Report Printed or otherwise.
		1926.	
URBAN.			
Ashburton ..	Dr. E. A. Ellis ..	Not received	
Axminster ..	" William Langran ..	2nd June	Printed
Bampton ..	" T. A. Fisher ..	20th May	Printed
Barnstaple ..	" H. C. Jonas ..	7th June	Printed
Bideford ..	" Ellis Pearson ..	21st May	Printed
Brixham ..	" J. F. Falconer ..	29th April	Printed
Buckfastleigh ..	" Sydney R. Williams ..	Not received	
Budleigh Salterton ..	" Clarence Beesley ..	27th April	Printed
Crediton ..	" H. F. L. Hugo ..	27th May	Printed
Dartmouth ..	" J. H. Harris ..	17th April	Printed
Dawlish ..	" H. B. Mapleton ..	7th May	Printed
Exmouth ..	" Clarence Beesley ..	22nd April	Printed
Holsworthy ..	" W. G. Gray ..	Not received	
Honiton ..	" D. Steele-Perkins ..	28th May	Printed
Ilfracombe ..	" O. C. Adams ..	Not received	
Ivybridge ..	" W. A. Trumper ..	Not received	
Kingsbridge ..	" W. T. Webb ..	Not received	
Lynton ..	" J. M. Courtney ..	4th May	Printed
Newton Abbot ..	" H. B. Mapleton ..	29th April	Printed
Northam ..	" J. E. Francis ..	15th June	Printed
Okehampton ..	" A. Woollcombe ..	Not received	
Ottery St. Mary ..	" F. N. Sidebotham ..	7th May	Printed
Paignton ..	" R. Julian George ..	19th May	Printed
Salcombe ..	" Daniel O. Twining ..	Not received	
Seaton ..	" F. M. Reynolds ..	8th May	Printed
Sidmouth ..	" J. Sheldon Withers ..	28th March	Printed
South Molton ..	" Philip H. Seal ..	Not received	
Tavistock ..	" J. Leslie Watt ..	24th April	Printed
Teignmouth ..	" F. Stanley L. Piggott ..	7th May	Printed
Tiverton ..	" R. Burgess ..	31st May	Printed
Torrington, Great ..	" F. Pridham ..	Not received	
Torquay ..	" T. Dunlop ..	8th June	Printed
Totnes ..	" H. R. Allingham ..	18th May	Printed
RURAL.			
Axminster ..	Dr. William Langran ..	28th May	Printed
Barnstaple ..	" J. R. Harper ..	10th May	Printed
Bideford ..	" Leonard B. Betts ..	21st May	Printed
Broadwoodwidge ..	" A. Budd ..	Not received	
Crediton ..	" L. Powne ..	27th May	Printed
Culmstock ..	" S. F. Huth ..	18th May	Typed
Holsworthy ..	" W. G. Gray ..	Not received	
Honiton ..	" D. Steele-Perkins ..	Not received	
Kingsbridge ..	" W. T. Webb ..	Not received	
Newton Abbot ..	" H. B. Mapleton ..	30th April	Printed
Okehampton ..	" A. Woollcombe ..	28th May	Printed
Plympton St. Mary ..	" S. Noy Scott ..	Not received	
South Molton ..	" W. G. Mortimer ..	Not received	
St Thomas ..	" L. P. Black ..	31st May	Printed
Tavistock ..	" C. C. Brodrick ..	9th June	Printed
Tiverton ..	" John R. R. Pollock ..	31st May	Printed
Torrington ..	" F. Pridham ..	Not received	
Totnes ..	" S. C. Jellicoe ..	Not received	

LIST OF MEDICAL OFFICERS OF HEALTH—*Continued.*

District.	Name.	Date Report received.	Report printed or otherwise.
PORT.			
Barnstaple ..	Dr. W. A. Valentine ..	1926. 14th May	Manuscript
Dartmouth & Totnes ..	„ J. H. Harris ..	8th Feb.	Printed
Exeter ..	„ Clarence Beesley ..	20th Feb.	Printed
Kingsbridge & Salcombe ..	„ D. O. Twining ..	Not received	.
Plymouth ..	..	30th March	Printed
Teignmouth ..	„ F. Stanley L. Piggott	7th May	Printed

LIST OF SANITARY INSPECTORS.

District.	Name.	Date Report Received.
URBAN.		
Ashburton ..	F. A. Steer ..	1926. 20th February
Axminster ..	W. H. Biggs ..	19th March
Bampton ..	D. J. Dean ..	13th May
Barnstaple ..	A. E. Tucker ..	26th February
Bideford ..	John Ackland ..	1st March
Brixham ..	W. H. Jefford ..	9th March
Buckfastleigh ..	Lionel M. Williams ..	5th February
Budleigh Salterton ..	John B. Holden ..	18th February
Crediton ..	I. J. Leach ..	11th March
Dartmouth ..	Alfred J. Willett ..	27th February
Dawlish ..	C. F. C. Churchward ..	9th March
Exmouth ..	James Wilson ..	6th March
Holsworthy ..	A. H. E. Gellender ..	20th February
Honiton ..	John Wm. Jones ..	11th February
Ilfracombe ..	Herbert J. Karslake ..	27th February
Ivybridge ..	William H. Full ..	12th February
Kingsbridge ..	John Hole ..	27th February
Lynton ..	Alfred F. Gibbs ..	10th March
Newton Abbot ..	Henry Judd ..	5th February
Northam ..	Arthur Richards ..	10th April
Okehampton ..	G. J. Holmes ..	28th May
Ottery St. Mary ..	Ernest Rogers ..	18th February
Paignton ..	F. J. Thick ..	19th March
Salcombe ..	J. G. Howard ..	25th March
Seaton ..	E. W. Skinner ..	23rd April
Sidmouth ..	E. St. Leger Whitford ..	3rd March
South Molton ..	G. K. Foster ..	1st March
Tavistock ..	Frederick Camble ..	1st March
Teignmouth ..	Norman S. Tucker ..	15th February
Tiverton ..	John Siddalls ..	8th May
Torrington, Great ..	G. Leate ..	25th February
Torquay ..	G. E. Body ..	27th February
Totnes ..	J. L. Davies ..	24th February

LIST OF SANITARY INSPECTORS—*Continued.*

District.	Name.	Date Report Received.
1926.		
RURAL.		
Axminster	.. W. H. Biggs	.. 4th March
Barnstaple	C. Crowther	.. 1st March
Bideford	.. Henry D. Dack	.. 27th February
Broadwoodwidge	.. James Frayne	.. 7th April
Crediton	.. G. K. Foster	.. Not received
Culmstock	.. Harold W. James	.. 12th May
Holsworthy	.. A. H. E. Gellender	.. 28th February
Honiton	.. A. J. Redfern	.. Not received
Kingsbridge	.. Norman Harris	.. 3rd March
Newton Abbot	.. A. Gray	.. 16th February
Okehampton	.. P. R. B. Pearce	Not received
Plympton St. Mary	.. Wm. Edward Horton	.. 7th April
South Molton	.. William S. Gardner	.. 29th March
St. Thomas	.. Edward Hare Quick	.. 18th February
Tavistock	.. Thos. Hy. Harris	.. 24th April
Tiverton	.. Robert Ellis	.. 20th February
Torrington	.. Richard Gomer	.. 7th April
Totnes	.. W. F. Tollet	.. 5th March
..	.. Wm. Hy. Full	.. 13th February

NATURAL AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Area. 1,660,948 acres.

Population (Census 1921). 439,996.

„ estimated 1925 for statistical purposes:—

Births, 432,400. Deaths, 430,000

Number of inhabited houses, 1921. 99,397.

Number of families or separate occupiers. 103,877.

Rateable value. £2,511,952.

Penny rate produces. £10,466 9s. 4d.

Devonshire is the largest, in acreage, of the Administrative Counties in England and Wales, and is bordered on the north by the Bristol Channel, on the south by the English

Channel, on the west by Cornwall, and on the east by Dorset and Somerset. It lies between latitudes $50^{\circ} 15'$ and $51^{\circ} 15'$. Its geological structure is that of a vast synclinal trough, of which the marine Devonian formation of Exmoor in the north and that from Dartmouth to Modbury in the south, form the edges, while Silurian rock, cropping out in the south from under the Devonian, composes the promontory from Start Point to Bolt Tail. In this great trough lie the carboniferous rocks (without the uppermost coal measure); through this stratified rock is forced the great granite mass of Dartmoor. It is from here that most of the many streams yielding an abundance of potable water have their origin.

The main occupation of the population is that of agriculture, but along the coast a large portion of the inhabitants is engaged in catering for visitors and in the fishing industry. There are a few trades carried on, the chief being the manufacture of paper, collars, gloves, woollen materials, lace, pottery, leather, furniture and milk products. Since the advent of the motor, the County is more and more sought after for pleasure purposes. There is an increasing immigration of people suffering from tuberculosis, with a view to an amelioration of their illness by the favourable climatic conditions which this County affords. The possession of such a climate is not an unmixed blessing, as it connotes, both directly and indirectly, an increased public health expenditure, the whole causation of which has not arisen in the County, and by no means ends in the treatment of the individual cases, but its results are encountered in all branches of the County's public health services.

VITAL STATISTICS.

BIRTHS.

During the year 6422 births (urban 2959, rural 3463) were registered in the County, compared with 6,680, 7,012, 6,957, 7,658 and 8,792 for the five preceding years. The birth rate was 14.8 per 1,000, compared with 15.4, 16.5, 16.5, 18.3 and 21.3 for the five previous years.

ILLEGITIMATE BIRTHS.

There were 276 (urban 133, rural 143) registered, giving a rate of 4.4 per cent. for the urban and 4.1 per cent. for the rural births, with a general rate of 4.2 per cent. for the County, compared with 4.6, 4.2, 4.6, 4.8 and 4.9 for the five previous years.

BIRTH RATES.

Districts.	Rates per 1,000 of population.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban . . .	14.8	12.4	12.3	14.1	20.2	17.6	15.9	15.3	14.8	14.1
Rural . . .	16.8	14.1	14.1	15.2	22.4	18.9	17.1	17.6	15.9	15.5
Administrative County	15.9	13.3	13.2	14.6	21.3	18.3	16.5	16.5	15.4	14.8
England and Wales	21.6	17.8	18.7	18.5	25.4	22.4	20.6	19.7	18.8	18.3

DEATHS.

The total number of deaths registered during the year was 5,507 (urban 2,851, rural 2,656), compared with 5,704, 5,286, 5,916, 5,396 and 5,292 for the five preceding years.

The net death rate was 12.8 per 1,000, compared with 13.2, 12.5, 14.1, 12.9 and 12.9 for the five preceding years.

DEATH RATES.

Districts.	Rates per 1,000 of population.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban . . .	15.9	17.2	17.4	14.4	13.3	14.2	15.0	13.2	14.4	13.6
Rural . . .	14.7	14.7	16.2	14.6	12.5	11.7	13.2	11.7	12.1	12.0
Administrative County	15.3	15.9	16.8	14.5	12.9	12.9	14.1	12.5	13.2	12.8
England and Wales	14.0	14.4	17.6	13.8	12.4	12.1	12.9	11.6	12.2	12.2

INFANT MORTALITY.

By this is meant the number of deaths that occur among infants under 1 year of age, reckoned as so many per 1,000 of the births registered. It is generally held to be the most delicate index of the efficiency of the sanitary administration of a district taken in its broadest sense.

The rate for the County was 55, compared with 52 for the previous year, that for England and Wales being 75, and 75 for 1924

Districts.	Rates per 1,000 Registered Births									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban . . .	74	77	68	75	53	66	50	49	51	57
Rural . . .	66	63	67	76	48	58	57	47	53	54
Administrative County	70	69	68	75	50	62	54	48	52	55
England and Wales .	91	97	97	89	80	83	77	69	75	75

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITALS PROVIDED OR SUBSIDISED BY THE COUNTY COUNCIL.

- (1.) TUBERCULOSIS. (a) Hawkmoor Sanatorium (86 beds), (b) Hawley, Barnstaple (26 beds); (c) Ivybank, Exeter (20 beds); (d) Whitecliffe, Torquay (46 beds); (e) also beds when required at Alton and Margatè.
- (2.) MATERNITY. (a) Maternity Home, Exeter; (b) Maternity Home, Plymouth; (c) North Devon Infirmary (1926); (d) Royal Devon and Exeter Hospital.
- (3.) CHILDREN. (a) General and Cottage Hospitals; (b) Orthopædic Hospital, Ivybridge; (c) Rosehill, Torquay;

(d) Sydney House Open Air School (48 beds); (e) various institutions outside the County for physically defective children.

- (4.) FEVER. (a) Barnstaple; (b) Bideford; (c) Brixham; (d) Dartmouth; (e) Exeter City; (f) Honiton; (g) Ilfracombe; (h) Lynton; (i) Newton Abbot Joint; (j) Paignton; (k) Teignmouth; (l) Tiverton Joint; (m) Torquay.
- (5.) SMALL POX. (a) Devon County Council, Upton Pyne; (b) Plympton St. Mary; (c) Torquay.
- (6.) OTHERS. Five general hospitals with resident medical staff, situated in Barnstaple, Exeter, Plymouth, Tiverton and Torquay, with 22 Cottage Hospitals distributed over the County.

INSTITUTIONS FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

Various Workhouses and several voluntary Homes. None provided by the County Council.

AMBULANCE FACILITIES.

- (a) INFECTIOUS DISEASES. All the areas with an infectious diseases hospital have either a motor or horse-drawn ambulance.

The County Council possess a special motor ambulance for Small Pox. Pending the occurrence of small pox, this is used for general ambulance purposes.

- (b) NON-INFECTIOUS AND ACCIDENTS. Many of the towns have ambulances which were provided by the Joint Council of the Order of St. John and the British Red Cross Society.

CLINICS AND TREATMENT CENTRES.

MATERNITY AND CHILD WELFARE CENTRES. Twenty provided or subsidised by the County Council; 4 provided by voluntary Associations.

Day Nurseries.

None provided by the County Council; one voluntary at Bideford.

School Clinics.

Eleven provided by the County Council.

Tuberculosis.

Three Dispensaries, provided by the County Council, one each at Exeter, Torquay and Barnstaple.

Venereal Diseases.

Three Clinics, one provided by the County Council at Barnstaple, and the two others by arrangement with the general hospitals at Exeter and Plymouth.

PUBLIC HEALTH OFFICERS.**(1.) COUNTY COUNCIL (whole time).**

One County and one deputy County Medical Officer of Health and School Medical Officer. One Medical Superintendent of County Sanatorium, three Tuberculosis Officers, six School Medical Inspectors, one Mental Specialist, one Oculist, four School Dentists, one Inspector of Midwives and Chief Health Visitor, 20 Health Visitors, one School Nurse and four Dental Nurses.

(2.) COUNTY COUNCIL (part time).

Three Medical Officers of Tuberculosis Institutions, three Medical Officers of Venereal Diseases Clinics, eleven Medical Officers of M.C.W. Centres, one Analyst, two Bacteriologists, and two Radiologists.

(3.) DISTRICT COUNCILS.

One whole time and 44 part time Medical Officers of Health. 50 whole time Sanitary Inspectors.

PROFESSIONAL NURSING IN THE HOMES.

- (a) GENERAL. This is done by the nurses of District Nursing Associations affiliated to the Devon County Nursing Association and by other nurses employed by non-affiliated Associations, together with private nurses.
- (b) INFECTIOUS DISEASES. Obtained from general hospitals and private nursing Associations.
- (c) TUBERCULOSIS. None provided by the County Council, but the Council subsidises all district associations for nursing selected tuberculous cases by paying 1s. per visit, not exceeding 10s. per week per case.

MIDWIVES.

There are about 300 practising in the County, the majority of whom belong to District Nursing Associations. The County Council contributes sums of money towards the salaries and travelling expenses of midwives, initial expenses of new associations, midwifery fees and the provision of midwifery bags and maternity outfits.

CHEMICAL WORK.

The County Analyst is employed in connection with water supplies, pollution of rivers, food and drugs and cases of poisoning.

SANITARY CIRCUMSTANCES OF AREA.

WATER SUPPLY.

With very few exceptions, the urban districts are satisfactory in regard to water supplies, but the same cannot be said of the rural areas, for nearly all, with the exception of the villages in the Newton Abbot, Plympton St. Mary, Kingsbridge and Totnes areas, depend on wells, the water from which must be very often unsatisfactory in regard to quantity, quality and distribution, and it is necessary, therefore, to persist in the remarks contained in my previous Annual Reports :—" Until sanitary authorities realise that " an abundant supply of wholesome water for drinking and domestic

“ purposes is necessary for health and cleanliness, they have failed
 “ to appreciate one of their most important statutory duties, and
 “ no Medical Officer of Health should rest satisfied until he sees
 “ every house in his district so provided. The present-day water
 “ engineer is able by means of rams, oil engine pumps and other
 “ means, to over-come most of the physical disabilities that
 “ existed in bygone days.”

The following list of places in the County are without a satisfactory water supply :—

Axminster, R.	Hawkchurch, Chardstock, Stockland, Kilminster.
Barnstaple, R.	Combe Martin.
Crediton, R.	Morchard Bishop, Cheriton Fitzpaine, Sandford, Colebrook.
Culmstock, R.	Many wells liable to pollution.
Great Torrington, U.	Shortage of supply.
Kingsbridge, R.	Marlborough, Modbury Schools.
Newton Abbot, R.	Broadhempston.
St. Thomas, R.	Lympstone, Woodbury Road.
Tiverton, R.	Willand, Oakford, Cullompton.

RIVERS AND STREAMS.

The rivers and streams in the County do not suffer from serious pollution to the same extent that exists in large manufacturing districts. The chief causes are the effluents from sewage works or direct sewage from villages or separate houses, and the trade effluents from paper mills, tan yards, cheese and butter factories and tin mines.

DRAINAGE AND SEWERAGE.

Sanitary authorities of the urban and rural areas have made good progress in providing the towns and large villages with drainage schemes, but in many of the rural areas they are incomplete on account of the unsatisfactory water supply for flushing purposes. In most of the rural areas much neglect is evident in the non-provision of a proper gully and slop drain for each cottage.

The following places have an unsatisfactory condition of sewerage :

Axminster, R.	Colyton, Chardstock, Musbury, Stockland.
Barnstaple. U.	Unsatisfactory outfall.
Crediton, U.	Fordton.
Crediton, R.	Chawleigh.
Great Torrington, U.	Some unsatisfactory outfalls.
Holsworthy, U.	Unsatisfactory outfalls.
Honiton, R.	Feniton.
Kingsbridge, R.	Modbury.
Northam, U.	Westward Ho !, Northam.
Okehampton, R.	South Zeal, Spreyton, Bridestowe.
Ottery St. Mary, U.	Tipton St. John.
Plympton St. Mary, R.	Brixton.
Salcombe, U.	Unsatisfactory discharge.
Totnes, R.	Harbertonford, Galmpton.

CLOSET ACCOMMODATION.

In some of the urban districts unsatisfactory pans and hand flushing arrangements are still to be found, and without the provision of a separate closet for each house. In the rural areas privy middens can still be found, and where earth closets (with a bucket under a wooden seat) are provided, there is generally an absence of any receptacle for dried earth, with the result that the bucket contains a foul accumulation. Also no raised concrete floor is provided, and often the bucket is so enclosed by fixed boards as to prevent the cleaning of the floor. In many cases, also, one closet has to provide for two or more houses, which is a most reprehensible practice, and in this present age should no longer be tolerated.

SCAVENGING.

Much neglect of this very important matter (owing to the close connection between this and fly-borne diseases) is evident in both urban and rural areas. In the former, from want of proper receptacles for storage until the scavenger calls, and in

the latter, from want of receptacles and the accumulation near dwellings for long periods of heaps of filth with all its dangers. This particularly applies to farm houses, where large collections of manure are found near shippens and dairies. In this connection much neglect in the proper paving of yards is to be found in both urban and rural areas. In many cases it would make all the difference between a sanitary and insanitary dwelling, and is well worth the serious attention of all sanitary officials.

SANITARY INSPECTION OF AREA.

This is done at various times by the County and Deputy County Medical Officer, when paying visits to schools and making enquiries into water supplies, drainage, housing accommodation, etc. As a rule the District Medical Officer of Health is notified and his co-operation requested.

SMOKE ABATEMENT.

The evil effects of smoke from factories, etc., does not apply to any serious extent to this County, owing to the absence of large manufacturing towns.

SCHOOLS.

Although the sanitary condition of the schools is reported on from time to time by the School Medical Inspectors, it must be remembered that these officials possess no statutory duties in regard to them, and it therefore behoves the officials of the Sanitary Authorities to exercise the same supervision over them as over the ordinary dwelling, for then many cases of insanitary closets and urinals, absence of water supply, dampness of walls and insufficient ventilation would be remedied, and the prompt prevention of the spread of infectious diseases carried out. The recent Memorandum on School Closure and Exclusion of Scholars, issued jointly by the Ministry of Health and the Board of Education, should be of great assistance to Medical Officers of Health in dealing with outbreaks of infectious diseases.

Fuller details in regard to schools will be found in the Annual Report of the School Medical Officer.

HOUSING.

This very important subject has received a great deal of attention during the last five years by the various District Councils, both urban and rural. Many new houses have been built, and increased attention has been drawn to the possibility of rendering old houses reasonably fit for human habitation at a little cost and without displacing the tenants, a fact not sufficiently realised or acted upon by many local authorities. This work has been stimulated by the Public Health Committee of the County Council drawing the attention of District Councils to their statutory duties, and making 'representations' to them of certain houses as being not in all respects reasonably fit for human habitation.

For the benefit of new Members and the growing need of more drastic steps being taken for better housing accommodation, it has been thought wise to again mention the powers and duties of a County Council.

1. County Councils may provide houses for persons employed or paid by them.
2. County Councils may provide houses in connection with Small Holdings
3. County Councils may take action if a Local Authority is in default or take the place of a Local Authority :—
 - (a) Complain to the Ministry of Health where a Rural District Council, or a non-County Borough, or other Urban District have failed to exercise their powers under the Housing Acts. The Ministry of Health may hold an enquiry, and, if satisfied that the Local Authority is in default, may make an Order directing the Local Authority or the County Council to do what is necessary.
 - (b) A County Council may, in the matter of rural areas, apply to the Ministry of Health for an Order conferring on the County Council the powers of a particular Rural Council in regard to the providing of houses for the working classes.

- (c) A County Council, on complaint of a Parish Council or Meeting, or four inhabitant householders in a rural area, that the Rural District Council is not fulfilling its duties, in providing houses for the working classes, may hold a local enquiry, and, if satisfied that the district concerned is in default, may take over the powers of the District Council.
- (d) Where a representation is made to a Rural Council in regard to any particular house that is unfit for human habitation or is an obstructive building, the Rural Council is required to forward a copy to the County Council and also a copy of any Closing or Demolition Order, and, if satisfied that the Rural Council have failed to take these proceedings, the County Council may proceed to make the necessary Orders and recover from the defaulting Authority all expenses.

A County Medical Officer has the same power as to representation of unfit houses, and of entry for the purposes of his duty, as a District Medical Officer. He is also entitled to receive from the Clerk of a Rural Council a copy of any representation, complaint or information in regard to unfit houses and a copy of any Closing Order.

Under the Housing of the Working Classes Acts, the County Medical Officer made representation during the year in regard to 82 houses in 18 parishes, whilst 97 houses in 10 parishes were re-inspected, making a total of 476 houses re-inspected, and 413 inspected and reported on for the first time since this work was commenced in 1921. From this date satisfactory improvements have been made in respect to 181 of these houses. This does not imply that a house-to-house inspection is made in any village, but only such houses are examined as appear bad or come to the knowledge of the County Medical Officer or his deputy when making investigations in the several areas in the County.

From the reports of the Sanitary Inspectors of the different districts, it would appear that about 4,083 (urban 2875, rural 1,208) houses were further required to meet the reasonable demands of the working classes, and to meet this deficiency about 1,965 new houses only have been erected, whilst 1,252 old houses have been satisfactorily renovated. In only three of the 51 sanitary districts is the dwelling house accommodation considered adequate.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

In regard to the wholesomeness of this supply, probably the number of cows passing tubercle bacilli in dangerous quantities in their milk is not great, as the Devon cattle, owing to their out-of-door life should not suffer in a high degree from tuberculosis. Owing to the frequent unclean methods of milking, a great deal of filth must necessarily find its way into milk, but a great improvement in this is now anticipated owing to the publicity given to the need of clean milk and the introduction of clean milk competitions. The chemical quality and the distribution of milk is satisfactory except in some rural areas, where, owing to the demand for milk for factories, it is sometimes difficult for rural dwellers to obtain a sufficiency for their children.

The machinery provided by the Milk and Dairies (Consolidation) Act, 1915, for dealing with tuberculous milk, has been set in motion towards the end of the year by a complaint from the M.O.H. of Plymouth under Sec. 4. In this instance a cow one of a herd of 28 was diagnosed clinically to be suffering from tuberculosis, duly slaughtered under the Tuberculosis Order, 1925, and afforded post mortem evidence of generalised tuberculosis.

Four licences for the production of Grade A milk were granted by the County Council, and there was no refusal or revocation of any licence during the year. There are in addition three producers of "Certified Milk" and one of Grade A (tuberculin tested) milk in the County. These latter licences are issued and controlled by the Ministry of Health.

MEAT INSPECTION.

As far as can be ascertained, the Public Health (Meat) Regulations, 1924, are enforced as far as possible in the urban districts, but owing to the large and sparsely populated rural areas with their obvious difficulties it is almost impossible for the Sanitary Inspectors to keep in efficient touch with the work involved, however, praiseworthy efforts are being made in some areas. With a view to helping in this matter, the County Council, for the third time (1914, 1922, 1925), arranged for a series of lectures and demonstrations on meat inspection to be given by the Chief Sanitary Inspector of Exeter at the public abattoir in the City. All the District Councils were asked to allow their Inspectors to attend, the County Council undertaking to be responsible for the cost of the lectures and demonstrations. In addition, the Royal Sanitary Institute, as on previous occasions, held an examination for their Diploma relating to Meat Inspection at the close of the session.

As a result of these facilities, 45 Sanitary Inspectors attended the course of lectures. Eleven sat for the examination, and six were successful.

OTHER FOODS.

There is little to report for special comment, except the urgent need for the protection of bread from contamination by handling and other exposure to dirt, and of various other food stuffs exposed for sale.

FOOD POISONING.

There have been in the past five years two important outbreaks. Both occurred at Lynton, one in a boarding house, which was proved to be due to the contamination of beef by the bacillus *Aertryck*, which produced a severe type of gastro-enteritis, and the other an outbreak of dysentery, caused by milk contamination by a dysentery 'carrier.' Both outbreaks were investigated by the Deputy County Medical Officer and a Medical Officer of the Ministry of Health.

SALE OF FOOD AND DRUGS ACT.

The following Table gives details of the specimens submitted to the County Analyst for the year :—

Article.	No. of Samples		No. of Adulterations		No. of Prosecutions		Amount of Fines
	1925	1924	1925	1924	1925	1924	1925
Apples	7	..	7	..	No action	..	..
Arrowroot	2	6	..	..	..	..	..
Baking Powder	13	18	..	..	..	..	..
Bread	3	10	..	..	..	..	..
Butter	74	62	..	2	..	I	..
Corned Beef	1	3	..	..	..	..	..
Cheese	17	7	..	..	..	..	..
Coffee and Chicory	13	20	..	..	..	..	..
Cocoa	13	21	..	..	..	..	..
Cream	9	7	1	..	..	..	..
Custard Powder	2	1	..	..	..	..	..
Flour	21	31	..	..	..	..	..
Ginger	10	6	..	..	..	..	..
Jam	1	3	..	..	..	..	..
Lime Juice.. ..	1	1	..	..	..	..	..
Lard	17	22	..	..	..	..	..
Margarine	36	49	..	..	..	..	..
Milk	381	325	16	30	12	18	£12 8 6
Mustard	4	4	..	..	..	..	..
Oatmeal	10	10	..	..	..	..	..
Pepper	32	38	..	..	..	..	..
Rice	9	7	..	..	..	..	..
Sago	7	1	..	..	..	..	..
Self-Raising Flour	7	..	..	..	..	..	..
Spirits and Beer	14	7	2	2	2	I	£6 0 0
Sponge Cakes	8	15	..	..	..	..	..
Sugar	18	28	..	..	..	..	..
Sweets	14	12	..	..	..	..	..
Tea	13	14	..	..	..	..	..
Tapioca	9	12	..	..	..	..	..
Tumeric	10	12	..	I	..	..	..
Vinegar	9	8	..	..	..	..	..
Total No. of Samples taken	785	762	26	35	14	20	£18 8 6

The rate of samples taken per 1,000 of population was 1.8, compared with 1.7 for the previous year.

The rate recommended by the Ministry of Health for efficiency is 2.0 per 1,000.

MILK AND CREAM REGULATIONS, 1912 and 1917.

Public Health (Milk and Cream) Regulations, 1912 and 1917.

Report for the Year ended 31st December, 1925.

1. Milk ; and Cream not sold as Preserved Cream.

(a) Number of Samples examined for the presence of a Preservative.	(b) Number in which Preservative was reported to be present, and percentage of Preservative found in each sample.
Milk 399 (including 2 samples of scald milk)	None
Cream 12	Three { (1) Contained 0.02% Boric Acid. (2) „ 0.26% „ „ (3) „ 0.038% „ „

2. Cream sold as Preserved Cream None.
3. Thickening Substance—Any evidence of their
addition to cream or to preserved cream ... None.
4. Observations None.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

Since 1920 there has been the usual prevalence of the ordinary infectious diseases, both among children and adults. No particular epidemic has been reported, with the exception of an outbreak of paratyphoid fever in 1924 in some of the seaside health resorts and one inland urban district. No common cause of the disease could be traced in spite of exhaustive investigation, but suspicion rested on “sweets” as the possible vehicle of infection. Most of the patients were children or young adults.

The County Council provide free bacteriology, which is carried out by the County Analyst under contract for such diseases

TABLE II.
1925.
NOTIFIABLE DISEASES.
(Act 1899.)

DISTRICTS.	Scarlet Fever.		Diphtheria & Membranous Croup		Enteric Fever		Puerperal Fever		Pneumonia.		Poliomyelitis Cerebro-Spinal Fever Encephalitis Lethargica.		Ophthalmia Neonatorum.		Tuberculosis		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
URBAN.																		
Ashburton	1	..	..	..	..	..	..	..	8	2	..	..	..	..	2	1	11	3
Axminster	1	..	..	..	..	..	..	..	1	..	..	..	..	..	6	4	8	4
Bampton .. ..	..	..	..	..	..	..	..	..	3	2	..	..	..	..	1	2	4	4
Barnstaple	7	..	4	1	4	1	..	..	20	6	..	..	..	..	40	18	75	26
Bideford	30	..	15	..	..	..	..	..	..	4	..	..	..	..	11	9	50	13
Brixham	4	..	22	2	1	..	1	..	40	16	5	2	..	..	29	9	102	29
Buckfastleigh ..	1	..	..	..	..	..	..	..	1	2	..	..	..	..	4	2	6	2
Bndleigh Salterton	2	..	..	..	..	..	..	..	..	2	..	..	..	..	4	..	6	2
Crediton	2	..	..	..	..	..	..	..	..	7	..	1	..	..	6	1	8	9
Dartmouth	4	..	1	..	..	..	..	..	6	2	..	..	..	..	2	3	13	5
Dawlish	9	..	..	..	..	..	..	..	2	4	..	..	..	..	3	1	14	5
Exmouth	7	..	2	..	1	1	..	..	4	5	1	..	..	..	14	8	29	14
Great Torrington	12	..	1	..	..	..	1	1	..	1	..	..	..	..	2	3	16	5
Holsworthy .. ..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	2	..	2	2
Honiton	2	..	..	..	..	..	..	..	3	2	..	..	1	..	14	..	20	2
Ilfracombe	9	..	4	..	1	..	1	..	4	6	2	..	..	..	20	10	41	16
Ivybridge	2	..	5	1	..	..	1	..	..	1	..	..	..	..	2	4	10	6
Kingsbridge	4	..	..	..	..	..	..	..	1	1	..	..	..	..	1	2	6	3
Lynton	14	..	..	..	..	..	..	..	2	..	..	..	..	..	5	3	21	3
Newton Abbot ..	31	..	6	..	3	1	..	..	..	7	1	1	..	..	19	15	60	24
Northam	4	..	11	..	..	..	..	..	..	2	..	..	..	..	6	6	21	8
Okehampton .. ..	..	..	..	..	..	..	2	..	2	1	1	..	..	..	9	1	14	2
Ottery St. Mary ..	1	1	5	..	1	..	2	1	..	3	..	..	1	..	6	3	16	8
Paignton	12	..	3	..	10	1	..	1	12	11	1	..	..	..	24	13	62	26
Salcombe	2	..	..	..	..	..	..	..	4	..	..	..	..	..	12	2	18	2
Seaton	2	..	1	..	..	..	..	..	2	1	..	..	..	..	3	1	8	2
Sidmouth	1	..	2	..	1	..	..	..	1	2	1	..	1	..	5	6	12	8
South Molton ..	1	..	..	..	..	..	..	..	4	..	..	..	..	..	3	1	8	1
Tavistock	3	..	..	..	..	1	..	..	14	5	..	..	..	..	12	5	29	11
Teignmouth	17	..	4	..	..	..	..	..	12	6	..	..	..	..	24	13	57	19
Tiverton	30	..	5	..	2	..	1	..	29	10	1	..	1	..	15	9	90	19
Torquay	41	..	10	..	..	..	..	..	7	14	2	..	1	..	99	42	160	56
Totnes .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	15	6	15
Totals	262	1	101	4	24	5	9	4	182	124	15	4	5	..	411	202	1009	354
RURAL.																		
Axminster	1	..	..	..	1	..	..	..	5	5	1	1	..	..	13	3	21	9
Barnstaple	20	..	2	..	1	..	..	..	10	8	..	..	..	..	22	12	55	20
Bideford	13	..	2	..	..	..	2	..	..	2	..	..	1	..	10	2	28	4
Broadwoodwider ..	..	..	..	..	..	..	..	..	5	1	..	..	..	..	4	3	9	4
Crediton	5	..	4	..	1	..	..	..	1	5	..	1	2	..	9	6	22	12
Cnlmstock	2	..	1	..	..	..	..	..	..	2	..	..	..	..	1	1	4	3
Holsworthy	4	..	..	..	..	..	..	..	..	2	..	..	1	..	8	6	13	8
Honiton	3	..	1	..	3	..	1	1	..	4	..	..	..	..	10	7	18	12
Kingsbridge	3	..	..	..	..	1	..	1	9	6	..	..	..	..	15	7	27	15
Newton Abbot ..	40	1	3	..	3	1	..	1	21	22	2	1	1	..	30	23	100	49
Okehampton	6	..	20	2	3	..	1	..	7	7	1	..	1	..	28	16	67	25
Plympton St. Mary	84	..	20	2	1	..	..	..	33	16	1	..	..	..	35	22	174	40
South Molton ..	15	1	..	..	..	..	..	..	1	7	..	..	..	..	9	6	26	14
St. Thomas	52	..	8	..	27	3	1	..	13	11	2	1	..	..	0	28	153	43
Tavistock	5	..	1	..	..	1	..	..	4	6	..	..	..	..	12	11	22	18
Tiverton	36	..	2	..	..	1	..	..	9	6	1	1	..	..	20	16	68	24
Torrington	11	..	4	..	1	..	..	..	..	5	..	..	..	..	1	6	17	11
Totnes	22	1	4	..	1	..	1	1	..	6	..	..	..	..	10	8	38	16
Totals	323	3	72	4	42	7	6	4	118	121	8	5	6	..	287	183	862	327
PORT.																		
Barnstaple .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dartmouth and Totnes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exeter .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingsbridge & Salcombe	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plymouth	3	..	3	..	11	..	..	..	22	..	1	..	..	..	..	..	40	..
Teignmouth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	3	..	3	..	11	..	..	..	22	..	1	..	..	..	..	..	40	..
Administrative County	588	4	176	8	77	12	15	8	322	245	24	9	11	..	698	385	1911	681

as tuberculosis, enteric group, diphtheria, dysentery, malaria and plague. These facilities are much appreciated and made use of by medical practitioners. Last year the County Council undertook to provide, in addition, the virulence test for diphtheria bacilli in suitable cases. Arrangements were also made with Dr. Wordley, the bacteriologist to the South Devon and East Cornwall Hospital, to undertake the examination of milk for tuberculosis, both by the inoculation and microscopic methods, and for general bacterial contamination in the estimation for cleanliness of milk samples. The table at the end of this section gives details as regards bacteriology.

The Shick Tests for diphtheria and toxin-antitoxin immunization have been carried out in two residential institutions for children with satisfactory results. Vaccination has still gradually declined, largely owing to the increase in the number of certificates granted to so-called conscientious objectors.

No facilities are provided by any sanitary authority for the cleansing of verminous persons. Since the Public Health Act, 1926, came in force a circular letter has been sent by the County Medical Officer to all District Medical Officers of Health, urging them to request their Councils to adopt the section of the Act relative to the cleansing of verminous persons, materials and houses, in order that the School Medical Officers may suggest such procedure being taken in the homes of certain school children where infestation is constantly recurring and where little further improvement can be expected until this is done.

As regards Isolation Hospitals for ordinary infectious diseases, there are still a number of districts without these facilities, here it is desirable that Joint Hospitals should be provided. During the last few years, consequent upon the provision of a motor ambulance by the Exeter City Council, an increasing number of areas have contracted with this Authority for the admittance of cases in their large and well equipped hospital at Whipton.

The County Council last year took a wise and economical step by building a central hospital at Upton Pyne for the

treatment of small pox in the whole of the Administrative County. It is now available for dealing with any sudden small outbreak, and arrangements have been made to immediately enlarge the accommodation when necessary. The capability of this one central hospital for dealing with cases from any part of the County has been secured by the provision of a capacious well appointed motor ambulance, which is garaged in Exeter ready at any time for service.

CANCER.

During the year, 686 (urban 363, rural 323) deaths were registered from this disease, compared with 692, 645, 614, 604 and 597 for the five preceding years; giving a death rate of 1.59 per 1,000 population, compared with 1.6, 1.5, 1.4, 1.4 and 1.4 for the five previous years. It will be observed that the death rate is a little below last year's. No further important evidence of the causes or satisfactory treatment of the disease has been forthcoming, although much research work has, and is still being carried out by both voluntary and State workers, but it would appear that the outlook is much brighter. Great emphasis has of late years been laid on the advisability of propaganda work in connection with the prevention of the disease, and with this in view the following leaflet has been prepared by the wish of the Public Health Committee and is being circulated wherever possible by Health Visitors, District Nurses, etc.

PREVENTION OF CANCER.

It has been decided by the County Council, as Cancer is a disease causing so many deaths annually (in Devon about 600) and the number is increasing, and this disease is one in which surgical aid can save so many lives if applied in the very early stages, to draw the urgent attention of the public to the matter. With this

earnestly in view, the following facts are therefore brought to your notice. and it is hoped that you will impart the information to others whom it may concern when opportunity arises.

Cancer, in its early and curable stage, may give rise to no pain or symptom of ill-health whatever ; nevertheless, in its commonest situations, as detailed below, the signs of it in its early stages are usually easily recognised, and in such cases medical advice should at once be sought, with a view to reassurance of their harmlessness or advice as to treatment if necessary. Special attention is drawn to the following points, any of which might be the beginning of cancer :—

1. Any swelling occurring in the breast of a woman, at or after middle life.
2. Any bleeding from the womb, however trivial, occurring *after* the change of life.
3. Any wart or sore occurring on the lips of a person at or above middle age.
4. Any sore or swelling occurring on the tongue or inside of the mouth in a person at or above middle age.
5. Any bleeding occurring from the bowels at or after middle age, often supposed by the public to be “ piles.”
6. Warts, moles or other growths on the skin after middle life, may from constant irritation become cancerous in nature.

Avoid irritation of the tongue and cheeks by broken or jagged teeth, and of the lower lip by unsuitable pipes. Many of these irritations, if neglected, may cause cancer

The actual cause of cancer has not yet been found, but sufficient knowledge has been gained to prove that the disease is practically always preceded by some form of mechanical irritation acting for a considerable period. Common examples of such irritation are a jagged or rough tooth, a pipe with unsuitable mouthpiece, ill-fitting or broken corsets, chronic constipation, etc. In addition

to the above there is some evidence pointing to the evils of a diet containing wrong proportions and want of freshness of animal and vegetable foods.

Lead a healthy life, with plenty of fresh air, and keep the body clean, avoiding, and if present, at once remedying, all causes of continued irritation.

This leaflet is not issued to alarm you, but to encourage promptitude in seeking medical advice in such cases as mentioned above. In a great majority of such cases your doctor will be able to assure you that there are no grounds for fear.

DEATH RATES.

Districts	Rates per 1,000 of population.										
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	
Urban . . .	1.5	1.7	1.3	1.4	1.5	1.6	1.5	1.7	1.7	1.7	
Rural . . .	1.3	1.4	1.3	1.3	1.3	1.2	1.2	1.3	1.4	1.4	
Administrative County	1.4	1.5	1.3	1.4	1.4	1.4	1.4	1.5	1.6	1.59	

SMALL POX.

This is the thirteenth year in succession in which no cases have occurred in the urban and rural areas.

For England and Wales there were 5,355 cases compared with 3,792 the previous year and 2,504 in 1923. There were 973 cases in 1922 and 336 cases in 1921, so that the incidence of this disease is gradually on the increase each year, but is confined, at present, to eleven of the Northern and Midland Counties. The disease has generally been of a very mild type.

ENCEPHALITIS LETHARGICA.

Twenty cases, with 7 deaths, compared with 33 and 12 deaths for the previous year, were reported in different parts of the county.

SCARLET FEVER.

There were 588 cases, with 4 deaths (urban 1, rural 3) notified, compared with 492 cases, with 2 deaths, for the previous year. Cases were reported in all but 4 of the sanitary districts.

DIPHTHERIA.

There were 176 cases, with 8 deaths, reported, compared with 125 cases, with 4 deaths, for the previous year, the mortality rate being 4.5 per cent. compared with 3.2, 6.6, 5.8, 6.1, and 10.3 for the five previous years. Cases were reported in 30 of the 51 sanitary districts.

TYPHOID FEVER.

There were 77 cases, with 12 deaths, notified, compared with 101 cases, with 11 deaths, for the previous year. The disease was notified in 19 (urban 9, rural 10) of the 51 sanitary districts.

MEASLES.

It is not possible now to give the number of cases of measles, but during the year 6 schools, were closed for this disease, and 4 deaths were registered, compared with 10 for the previous year.

WHOOPING COUGH.

There were 55 deaths, compared with 14 for the previous year, from this disease. School notification is, at present, the only means of arriving at any possible idea of its prevalence. There were 4 schools closed, on account of this disease.

DIARRHŒA.

There were 15 deaths (urban 11, rural 4) occurring in children under 2 years of age registered, compared with 22 for the previous year. Deaths were reported in 6 of the urban and in 3 of the rural areas.

INFLUENZA.

There were 159 deaths (urban 86, rural 73) registered, compared with 289 for the previous year and 78 for 1923.

PNEUMONIA.

This serious disease caused 245 deaths (urban 124, rural 121), compared with 292 for the previous year and 244 in 1923.

PUERPERAL FEVER.

There were 15 cases, with 8 deaths (urban 4, rural 4), compared with 21 cases, with 6 deaths, notified for the previous year.

DEATHS FROM THE PRINCIPAL INFECTIOUS DISEASES.

Districts.	Rates per 1,000 of population.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban . . .	0.4	0.2	0.4	0.2	0.3	0.2	0.2	0.2	0.1	0.2
Rural . . .	0.4	0.2	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.18
Administrative County	0.4	0.2	0.3	0.1	0.2	0.1	0.2	0.2	0.1	0.2

BACTERIOLOGY.

The following Tables give details of the specimens submitted during the year :—

URBAN.

Districts.	Diphtheria.		Typhoid.		Tuberculosis.		Cerebro-Spinal Fever.		Malaria.		Dysentery.		Totals.
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
Ashburton ..	..	2	..	2	..	4	..	..	..	..	..	..	8
Axminster ..	..	1	..	..	1	1	..	..	..	..	..	..	3
Bampton ..	..	2	..	..	7	5	..	..	..	..	..	..	14
Barnstaple ..	8	102	5	2	18	74	..	..	..	..	..	..	209
Bideford ..	11	54	..	..	4	41	..	..	..	..	..	..	110
Brixham ..	30	63	1	2	2	22	..	..	..	..	..	..	120
Buckfastleigh ..	..	6	..	1	1	8	..	..	..	..	..	..	16
Budleigh Salterton ..	..	1	..	..	..	2	..	..	..	..	..	..	3
Crediton ..	..	7	..	1	4	8	..	..	..	..	..	..	20
Dartmouth ..	1	9	..	..	3	8	..	..	..	..	..	..	21
Dawlish ..	..	1	..	..	12	10	..	..	..	..	..	..	23
Exmouth ..	..	13	..	..	4	41	..	..	..	..	..	..	58
Holsworthy ..	..	1	..	..	2	4	..	..	..	..	..	..	7
Honiton ..	2	9	..	..	7	12	..	..	..	..	..	..	30
Ilfracombe ..	4	43	..	..	1	10	..	..	..	..	..	..	58
Ivybridge ..	10	32	..	..	1	1	..	..	..	..	..	..	44
Kingsbridge ..	..	6	..	1	..	1	..	..	..	..	..	..	8
Lynton ..	..	1	..	..	..	2	..	..	..	..	..	..	3
Newton Abbot ..	21	79	2	2	7	37	..	..	..	..	..	..	148
Northam ..	12	13	..	..	4	12	..	..	..	..	..	..	41
Okehampton ..	..	8	..	..	1	5	..	..	..	..	..	..	14
Ottery St. Mary ..	5	28	1	1	2	9	..	..	..	..	..	..	46
Paignton ..	12	41	1	8	5	26	..	..	..	..	..	..	93
Salcombe ..	..	4	..	..	2	7	..	..	..	..	..	..	13
Seaton ..	1	5	..	1	4	2	..	1	..	..	..	..	14
Sidmouth ..	5	14	1	1	4	11	..	..	..	..	..	..	36
South Molton ..	..	5	..	..	..	3	..	..	..	..	..	..	8
Tavistock ..	..	3	..	..	2	8	..	..	..	..	..	..	13
Teignmouth ..	6	49	..	2	11	29	..	..	..	..	..	..	97
Tiverton ..	3	27	..	1	7	36	..	..	..	..	..	..	68
Torrington ..	1	8	..	..	1	4	..	..	..	..	..	..	14
Torquay ..	..	3	..	..	13	55	..	..	..	..	..	..	71
Totnes ..	..	2	..	..	3	2	..	..	..	..	..	..	7
Total ..	132	636	11	25	133	500	..	1	..	..	..	..	1437

32
RURAL.

Districts.	Diphtheria.		Typhoid.		Tuberculosis.		Cerebro-Spinal Fever.		Malaria.		Dysentery.		Totals.
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
Axminster ..	..	8	..	..	6	21	..	..	..	..	..	..	35
Barnstaple ..	1	16	1	..	11	28	..	..	..	..	..	..	57
Bideford ..	..	11	..	..	3	9	..	..	..	..	..	..	23
Broadwoodwidge ..	..	..	..	..	3	3	..	..	..	..	..	..	6
Crediton ..	3	13	..	1	2	18	..	..	..	..	..	..	37
Culmstock ..	..	14	..	..	1	5	..	..	..	..	..	..	20
Holsworthy ..	..	7	..	..	4	5	..	..	..	..	..	..	16
Honiton ..	1	7	..	1	6	17	..	..	..	..	..	..	32
Kingsbridge ..	..	5	..	..	1	18	..	..	..	..	..	..	24
Newton Abbot ..	11	30	1	2	14	39	..	1	..	..	..	..	98
Okehampton ..	31	70	..	..	7	14	..	..	..	..	..	..	122
Plympton St. Mary ..	9	36	..	..	6	27	..	..	..	..	..	..	78
South Molton ..	..	12	..	..	3	6	..	..	..	..	..	..	21
St. Thomas ..	4	55	..	5	27	89	..	..	..	..	..	..	180
Tavistock ..	..	5	..	..	2	9	..	..	..	..	..	..	16
Tiverton ..	..	19	..	1	10	45	..	..	..	..	..	..	75
Torrington ..	6	24	..	..	3	8	..	..	..	..	..	..	41
Totnes ..	7	23	..	..	5	17	..	..	..	..	..	..	52
Total ..	73	355	2	10	114	378	..	1	..	..	..	..	933

TOTAL NUMBER OF SPECIMENS, WITH RESULTS.

Districts.	Diphtheria.		Typhoid.		Tuberculosis.		Cerebro-Spinal Fever.		Malaria.		Dysentery.		Totals.
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
URBAN ..	132	636	11	25	133	500	..	1	..	..	..	..	1437
RURAL ..	73	355	2	10	114	378	..	1	..	..	..	..	933
" IVYBANK "	..	..	..	..	..	..	..	..	..	..	..	..	..
" HAWLEY "	..	1	..	..	28	52	..	..	..	..	..	..	81
" HAWKMOOR "	..	2	..	..	9	18	..	..	..	..	..	..	29
" WHITECLIFFE "	..	..	..	..	46	33	..	..	..	..	..	..	79
" SYDNEY HOUSE "	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	205	994	13	35	330	981	..	2	..	..	..	..	2559

During the year there were 100 less specimens examined than in 1924, the decrease being chiefly due to tuberculosis specimens.

In the matter of the specimens received from Torquay, it should be stated that the Borough has its own Bacteriologist.

**TABLE III.
TUBERCULOSIS.**

			BARNSTABLE DISTRICT.						EXETER DISTRICT.						PLYMOUTH DISTRICT.						GRAND TOTAL.
			Insured.		Non-insured.		Total.		Insured.		Non-Insured		Total.		Insured.		Non-Insured		Total.		
			Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
1. In-Patients—See next Table.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Out-Patients.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Total cases	.. ..	427	164	152	133	579	297	498	59	44	65	542	124	643	18	16	30	659	48	2249
	(b) New cases	.. ..	27	19	17	10	44	29	8	7	8	15	16	22	1	..	..	..	1	..	112
3. Visits.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) New cases	.. ..	57	58	71	85	128	143	68	72	57	98	125	170	103	56	54	81	157	137	860
	(b) Re-visits—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Old cases for first time this year	.. ..	371	226	208	233	579	459	222	153	112	161	334	314	416	211	267	421	683	632	3001
	2. Others	.. ..	287	190	151	154	438	344	431	199	132	209	563	408	83	33	43	75	126	108	1987
4. Unreported Tuberculosis.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Including contacts.)		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Pulmonary	.. ..	3	3	..	1	3	4	1	1	..	2	1	3	33	15	13	29	46	44	101
	(b) Surgical	.. ..	2	1	1	1	3	2	..	..	..	..	..	..	4	3	4	2	8	5	18
5. Age Classification of			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total New Cases.		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Under 5 years	.. ..	..	..	6	2	6	2	..	..	2	2	2	2	1	..	7	5	8	5	25
	(b) 5—16 years	.. ..	1	1	36	31	37	32	..	3	33	32	33	35	3	3	20	21	23	24	184
	(c) 16—25 years	.. ..	24	25	11	14	35	39	14	32	5	20	19	52	29	31	5	12	34	43	222
	(d) 25—35 years	.. ..	16	22	8	15	24	37	34	20	6	20	40	40	24	18	8	23	32	41	214
	(e) 35—45 years	.. ..	14	6	7	14	21	20	9	7	7	6	16	13	19	3	3	9	22	12	104
	(f) Over 45 years	.. ..	5	5	3	8	8	13	11	9	4	15	15	24	21	5	7	15	28	20	108
6. Results of Total Examination of New Cases.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Pulmonary Tuberculosis—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Early stage	.. ..	10	13	14	19	24	32	20	27	4	22	24	49	20	17	8	13	28	30	187
	2. Medium stage	.. ..	17	19	13	18	30	37	20	21	7	16	27	37	38	18	8	28	46	46	223
	3. Advanced stage	.. ..	10	8	6	6	16	14	16	11	3	11	19	22	23	6	8	18	31	24	126
	(b) Surgical Tuberculosis	.. ..	3	7	7	6	10	13	6	8	11	15	17	23	7	6	9	7	16	13	92
	(c) Suspect and under observation	.. ..	17	14	35	28	52	42	3	4	18	12	21	16	8	10	11	14	19	24	174
7. Contacts Examined.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Non-tuberculous	.. ..	2	1	4	2	6	3	3	1	14	22	17	23	5	1	8	7	13	8	70
	(a) New—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Tuberculous	.. ..	..	2	2	1	2	3	3	3	..	3	3	6	14	7	9	25	23	32	69
	2. Non-tuberculous	.. ..	44	51	120	131	164	182	24	17	82	132	106	149	10	11	61	82	71	93	765
	3. Suspect	.. ..	5	25	25	32	30	57	21	11	28	39	49	50	2	4	19	21	21	25	232
	(b) Re-examined—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Tuberculous	.. ..	..	4	..	1	5	12	3	3	4	15	7	5	1	15	26	20	27	74	74
	2. Non-tuberculous	.. ..	155	161	386	446	541	607	112	114	453	497	565	611	12	12	194	244	206	256	2785
	3. Suspect	.. ..	25	35	43	25	68	61	19	38	77	83	96	121	..	..	32	47	32	47	425
8. Total Number of Cases Under Treatment or Observation			..	..	..	..	1214	..	..	..	..	..	1796	..	..	..	..	..	3300	..	6310
9. Causation of Total New Cases.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Direct personal or house infection	.. ..	8	12	6	10	14	22	20	16	2	12	22	28	29	16	24	37	53	53	192
	(b) Food	.. ..	4	11	16	10	20	21	4	9	9	14	13	23	..	..	..	1	..	1	78
	(c) Hereditary predisposition	.. ..	9	13	3	10	12	23	34	38	20	44	54	82	8	5	2	8	10	13	194
	(d) Unknown	.. ..	10	7	7	15	17	22	10	11	14	25	24	36	41	20	12	20	53	40	192
10. Aggravation of Total New Cases.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Nature of employment	.. ..	2	8	3	2	5	10	6	2	2	4	8	6	8	..	..	..	8	..	37
	(b) No separate bedroom available	.. ..	9	5	6	7	15	12	10	..	1	7	11	7	11	9	9	18	20	27	92
	(c) Insanitary environment at home	.. ..	2	4	1	1	3	5	8	8	6	10	14	18	8	4	3	9	11	13	64
11. Bacteriology.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Cases in which sputum examined	.. ..	50	44	20	37	70	81	235	41	17	37	252	78	229	25	12	45	241	71	793
12. Houses Reported to Sanitary Authorities			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Total in use	.. ..	72	37	2	..	74	37	78	..	3	6	81	6	45	18	8	2	53	20	271
	(b) New issue	.. ..	1	1	1	..	2	1	3	..	..	..	3	..	2	1	..	1	2	2	10
14. Nurses.			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Cases in which newly employed	.. ..	2	1	..	2	2	3	..	3	..	..	..	3	..	..	..	1	..	1	9
15. Tuberculin Vaccine or Serum,			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	No. of Cases Treated—		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Continuation	.. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	3	..	3
	(b) Newly	.. ..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	1

TABLE IV.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1922.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 4th JANUARY, 1925, TO THE 2nd JANUARY, 1926.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 4th JANUARY, 1925, TO THE END OF THE YEAR														Notifications on Form B.				Number of Notifications on Form C.		
Age-periods.	Notifications on Form A.												Total Notifications on Form A.	Number of Primary Notifications				Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.
	Number of Primary Notifications.													Under 5	5—10	10—15	Total Primary Notifications			
	0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards	Total Primary Notifications								
Pulmonary Males ..	1	3	5	6	28	40	84	41	32	27	7	274	275	—	—	—	—	—	—	124
.. Females ..	—	—	7	14	29	69	93	36	32	16	10	306	310	—	1	—	1	1	—	101
Non-pulmonary Males	3	10	9	9	5	8	2	2	3	1	1	53	54	—	—	—	—	—	—	4
.. Females	2	4	6	4	8	4	11	11	2	1	3	56	58	—	—	—	—	—	—	4

TABLE V.
DEATH RATES.

Districts.	Rates per 1,000 of population.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban . . .	1.5	1.7	1.7	1.4	1.2	1.2	1.2	1.1	0.98	0.96
Rural . . .	1.1	1.3	1.3	1.2	1.0	1.0	0.9	1.0	0.90	0.82
Administrative County	1.3	1.5	1.6	1.3	1.1	1.1	1.1	1.07	0.94	0.89

TABLE V.
DEATH RATES.

TUBERCULOSIS.

Under the Tuberculosis Regulations (1912), 689 cases of tuberculosis were notified in the County, compared with 831, 961, 885, 990, 1,163 and 1,010 for the six previous years.

Under this heading are included all the diseases caused by the tubercle bacillus, chief among which is phthisis, or, as it is officially known, "pulmonary tuberculosis." From this disease there were 307 deaths (urban 163, rural 144), compared with 329, 372, 388, 372, 396, 421, 517 and 463 for the eight preceding years. There were 78 deaths, compared with 77, 83, and 79 for the three previous years, due to the bacillus in other organs of the body. These together accounted for 385 deaths, compared with 406, 455 and 467 for the three previous years, with a rate of 0.84 per 1,000 population, compared with 0.94, 1.07, 1.1, 1.1, 1.1, 1.3, 1.6 and 1.5 for the eight preceding years.

With regard to notification, this is still in a very unsatisfactory condition. From the returns of 290 deaths furnished by the District Registrars, 23.5 per cent. of the cases were never notified under the Regulations, compared with 16.4 per cent. for the previous year; and 43.1 per cent., compared with 39.3 per cent. of deaths, were registered within six months of notification.

The following Table, compiled from the returns of the registrars of deaths shows, in percentages, at what periods before or after notification the deaths took place, and also the percentage of deaths not notified:

DEATHS FROM TUBERCULOSIS.

Year	Cases not notified.	Notified after death.	Up to 1 week after notification.	From 1 week to 1 month after notification.	From 1 month to 6 months after notification.	From 6 months to 1 year after notification.	From 1 year to 2 years after notification.	Over 2 years after notification.
1925	23.5%	3.8%	7.6%	6.8%	28.7%	13.8%	6.2%	9.6%
1924	16.4%	10.1%	6.0%	5.1%	28.2%	12.3%	7.3%	14.6%

The County scheme for treatment was fully set out in the 1919 Report, but for the information of new Members of the County Council, it is briefly mentioned now. It consists of :—

(1) *A Sanatorium* at "Hawkmoor," Bovey Tracey, of 86 beds (46 male and 40 female), accommodated till lately in three pavilions and 20 shelters, with special buildings for administrative purposes. An enlargement has been made by the provision of another pavilion and a large recreation room out of the grant made by the Red Cross Society. This grant was originally £20,000, but it had been curtailed to £6,000. It was hoped that the accommodation for children (32 beds) would have been finished, as the main part of the wooden pavilion has been erected. Unfortunately, the Ministry of Health had decreed, on the score of economy, that no further work on this should be undertaken, but as this ban has now been removed, it is hoped to complete the accommodation during the current year.

(2) *A Preventorium*. This is provided at Sydney House, Torrington, in a large house which was given, fully furnished, to the County Council by the Red Cross Society. It has at present 48 beds for children. Children of both sexes are selected by the Tuberculosis Officer either from homes where cases of infectious tuberculosis are present, or from cases which have been referred to them by the School Medical Inspector as "suspect" or "pretuberculous." No notified infectious cases are admitted. The children in addition to receiving treatment for their physical defects, also receive education from two whole-time teachers. The children generally remain in this Institution for three months, and in most cases have greatly improved in health, and are thus rendered less liable to infection.

The following is the after-history of the 386 children who have completed a course of treatment during the period from

the opening of the institution in July, 1920, up to the 31st December, 1925 :—

1.	In good health	..	..	..	215	(55.7 %)
2.	In fair health	..	..	..	105	(27.2 %)
3.	In much the same condition as when admitted	..	..	..	16	(4.2 %)
4.	Dead	..	..	..	4	(1 %)
5.	Left the County, and no history can be obtained	..	..	..	46	(11.9 %)

(3) *Dispensaries.* The three dispensaries, situated respectively at Barnstaple, Exeter and Torquay, have maintained their usefulness under the administration of the Tuberculosis Officers, and have conformed to the uses set out in the report of the Departmental Committee, especially in regard to their being receiving and clearing houses and centres for diagnosis and observation, with the Tuberculosis Officer more and more taking the position of a consulting physician.

(4) *Hospitals.* Advanced and observation cases are accommodated at Ivybank, Exeter (20 beds) ; Whitecliff, Torquay (46 beds) ; Hawley, Barnstaple (22 beds). When this hospital was acquired in 1919 it was intended to add a pavilion of 10 beds for male, and reserve the house accommodation for 16 females, but owing to the necessity of national economy, the Ministry of Health until this year would not sanction the erection of the pavilion, so that up to the present date the hospital has been used almost entirely for ex-Service men. This pavilion was completed and opened on April 21st, 1926, and the hospital now fulfils its original purpose, viz., supplying accommodation for observation and advanced cases of tuberculosis of both sexes for North Devon.

The following table gives the number of patients resident in the Council's institutions during the year :—

	"HAWKMOOR"	"IVYBANK."	"WHITECLIFF."	"HAWLEY"	"SYDNEY HOUSE."
Admitted	157	37	102	72	85
Discharged	160	34	104	69	80
Remaining under treatment 31st December, 1925	61	20	44	21	43

(5) *Shelters.* There are 76 for distribution about the County. They are used for cases returning from a Sanatorium, or for isolating infectious cases in their homes, where the housing conditions are unfavourable.

(6) *Home Visiting and After-Care.* Where Health Visitors are available and the Tuberculosis Officer requests their attendance, home visiting is done by these officials. There is no official "After-Care" Committee, but the Tuberculosis Officers interest the clergy and philanthropic people, where possible, for suitable cases.

Nursing of tuberculosis cases is undertaken by the nurses of the different District Nursing Associations, on the request of the tuberculosis officer, for a fee of 1s. per visit, not exceeding 10s. per week per case.

No arrangements have yet been made with other Local Authorities for the treatment of surgical tuberculosis in a special hospital under a Joint Council. Patients who are unable to be accommodated in the County Council's own institutions,

are sent to one of the following institutions: Lord Mayor Treloar's Hospital for Children, Alton, Dame Roger's Orthopædic Hospital, Ivybridge, Lynton Convalescent Home for Children and Margate Seaside Hospital. Arrangements also exist for surgical treatment in the South Devon and East Cornwall Hospital, Plymouth, the Royal Devon and Exeter Hospital, Exeter, the North Devon Infirmary, Barnstaple, and the Torbay Hospital, Torquay.

In 1921 the County Council took over the administration of Sanatorium benefits from the Devon Insurance Committee. A special Committee was appointed, and is still in existence, to deal with applications for extra nourishment, surgical appliances and dressings, special nursing, dentistry, travelling expenses and X-ray treatment. Formerly the County Council provided all these, except extra nourishment, for non-insured patients; now they entertain applications, sent in by the Tuberculosis Officers, for the whole community.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

The Devon County Council is one of the 14 Administrative Councils who applied to the Ministry of Health to be made an Authority under the Regulations, which deal with the prohibition of persons in an infectious state, from milking cows, treating milk or handling milk vessels, but no case for action under these regulations was reported during the year.

PUBLIC HEALTH ACT, 1925. SEC. 62.

This section gives powers for the compulsory removal to and detention in hospitals of highly infectious cases of pulmonary tuberculosis if proper isolation cannot be maintained in the patient's home, but no case presented itself where this procedure was considered necessary during the year.

CO-OPERATION WITH MEDICAL PRACTITIONERS.

This is practically complete in Devon as the Tuberculosis Officers act in the capacity of consultants their work being entirely confined to tuberculosis, and no cases are seen except with or at the request of the General Practitioners. A circular giving all details of the County Council scheme is sent to all medical men practising in the County.

HAWKMOOR SANATORIUM.

Annual Report for Year ending 31st December, 1925.

Total Number of Patients Admitted		..	..	156
Males—Ex-Service		..	41	
Non Service		..	42	
			—	83
Females	..	..	..	67
Children	..	...	..	6
				—
				156
Total number of beds available		..	..	86

Ages of Patients on Admission.

	Males.	Females.
Under 15 years of age	—	6
„ 25 „	25	42
„ 35 „	36	19
„ 45 „	17	5
„ 55 „	4	1
Over 55 „	1	—
	—	—
	83	73
	—	—

Classifications of Disease on Admission.

Pulmonary only—	Males.	Females.	Totals.
Observation	2	1	3
Early	27	35	62
Intermediate	43	32	75
Advanced	9	4	13
Non-Pulmonary only—			
Glands and Peritoneum	—	1	1
Bones and Joints ..	—	—	—
Non-Pulmonary with Pulmonary Disease as well—			
Lungs with Glands ..	—	—	—
Lungs with Bones ..	2	—	2
	—	—	—
	83	73	156
	—	—	—

Total Number of Patients Discharged	..	159
		—
Number of patient days ..	..	26,720
Average stay .. ..	..	168 days
Average number of beds occupied ..	..	85.1 %

Results of Treatment.

Disease quiescent .. ..	..	96
Disease improved .. ..	..	44
Disease unimproved .. ..	..	13
Died .. ..	..	1
Discharged themselves too soon for classification .. ..	..	5
		—
		159
		—

133 patients gained 1170 lbs., average 8 lbs. 12 $\frac{3}{4}$ ozs.
 20 patients lost 130 lbs., average 6 lbs. 8 ozs.
 5 patients no accurate records available.
 1 patient died.

After-History of Patients Treated in the Sanatorium.

Enquiry is made once in each year as to the present condition of every patient who has been treated in the Sanatorium since the beginning of 1915, except of course such as have died, or cannot be traced owing to their having gone away from the Area for good. This enquiry is made through the Tuberculosis Officers of the district in which they reside. The results are recorded in the Case Books and classified in a Card Index as well.

The Classification is as follows :—

1. Cured or over 90 per cent. of C (C=Normal working capacity).
2. Not cured, but able to work ; 60 per cent.—90 per cent. of C.
3. Working, but health more or less precarious ; 40 per cent.—60 per cent. of C.
4. Too ill to work.
5. Very ill.

The position in 1925 was as follows :—

Dis- charged.	Total.	Un- traced.	1.	2.	3.	4.	5.	Dead.
1915	71	22	10	11	1	4	—	23
1916	143	44	27	19	7	4	—	42
1917	198	44	31	39	11	12	—	61
1918	221	57	20	47	17	17	—	63
1919	199	27	16	34	24	36	2	60
1920	234	28	15	62	31	64	1	33
1921	216	23	15	59	39	41	1	38
1922	191	20	18	76	29	31	1	16
1923	128	5	12	46	21	26	3	15
1924	152	5	6	48	38	44	1	10
Total ..	1753	275	170	441	218	279	9	361
Percentage ..		15.7	9.7	25.2	12.4	15.9	.5	20.6

Thus 47.3 per cent. of the total number of patients discharged are at work.

The number both of Admissions and Discharges have fallen considerably as compared with last year, but the percentages of beds occupied is actually larger, and, as in previous years, this is again due to the fact that patients are staying longer under treatment. In 1924 the average stay was 149 days, in 1925 168 days. This I consider all to the good, and likely to be reflected in subsequent After-history reports.

It is satisfactory to note that the admissions show an improvement in the type of cases admitted.

	Early.	Intermediate.	Advanced.
Thus in 1924 ..	54	89	22
1925 ..	62	79	13

that is, Early Cases in 1924 were 32.7 per cent., and in 1925 they were 41.3 per cent.

It should be noted that during November and December there was a period of six weeks during which there were practically no admissions, owing to an epidemic of influenza in the County. The discharges continuing much as usual, there was a considerable number of empty beds in January when the Tuberculosis Officers began again to send in cases. During the rest of the year there was almost always a waiting list.

The After-history returns show a relative increase in the number of patients at work. This is partly due to the fact that amongst 1924 cases a larger proportion than usual have returned to work. But there is another factor which should not be overlooked. In comparing the tables of 1924 with those of 1923, it will be seen that there has been a tendency amongst patients discharged in earlier years to improve in working capacity. The total percentage of previous patients at work in 1925 was 47.3 per cent., as compared with 46.1 per cent. in 1924.

The general line of treatment remains much the same as in previous years, namely open air treatment, combined with suitable feeding, and suitable exercise specially prescribed by the doctor for each individual case each day. It is gradually becoming more apparent that mere walking exercise alone is insufficient to maintain the well-being of the average sanatorium patient, and that work of some kind not only helps by supplying an interest that diverts the patient's attention from his disease, but also by bringing the muscular system more generally into play, and thereby assisting metabolism. The patients, too, are learning to recognise the advantage of work to themselves, and it is quite a usual thing for them to ask to be put on six hours or eight hours work a day in order to get themselves into harness again for a return to normal working conditions on their discharge. I think that work will be increasingly recognised as a factor both in the treatment and rehabilitation of the consumptive.

The various industries continue to thrive and are increasingly popular amongst the patients.

The Patients' Aid Institute has afforded congenial work to nineteen men, and three boys have received their first year's apprenticeship in the carpenter's shop, and two of these are still continuing it. The accounts dealing with the twelve months ending September 29th, 1925, show the amount of completed work sold as £487 16s. 8d., with a gross profit of £133 1s. 9d. Of this, £77 9s. 0d. was distributed in bonuses to patients, and £55 12s. 9d. carried forward.

The Garden has found employment for a considerable number of patients of both sexes. It is difficult to estimate the exact value of patient labour in this department, but there has been a very considerable increase in the value of produce raised. In the financial year, 1924-5, this was £554 17s. 3d.; in 1925-6 it was £636 2s. 9d. The area under fruit and flowers has been increased considerably during the past year, and it is expected that 1926-7 will show still better results.

Some disappointment has been experienced with the Poultry Farm, chiefly owing to repeated changes of the man in charge. When we have cottages for married staff, it will be easier to get

a good man who will stay and ensure continuity of management. This spring the whole poultry farm has been moved to another site in order to make room for the children's pavilions. New houses have been built and good shady runs provided, and it is hoped that the complete re-organisation which has taken place will lead to better results than in past years. Exact accounts are not at the moment available, but the department is at least paying its way.

In the Forestry Section there has been comparatively little activity, but three thousand larch and Scotch fir have been planted. The usual trimming of plantations, removal of ivy, etc., has been attended to, and a number of otherwise useless trees have been felled for firewood and fencing.

The Patients' Navvy Party have not been idle. Many new walks have been constructed and ground levelled and cleared. Over a mile of new paths have been added and twenty seats placed at suitable spots on them. Two new shelters have also been erected at special view-points.

As in previous years, every effort has been made to maintain previous standards of economy. Food costs have been still further slightly reduced from 2s. 4 $\frac{1}{5}$ d. per patient day in 1924-5 to 2s. 4 $\frac{3}{8}$ d. in 1925-6, and the total cost from 7s. 7d $\frac{6}{7}$ to 7s. 3 $\frac{1}{2}$ d. This has been achieved without lowering the standards of maintenance in any way.

The long-expected Children's Block seems likely soon to become an accomplished fact. The building contracts will now very shortly be signed, and the new accommodation for extra staff is well on the road to completion. The Patients' Aid Institute are likely to undertake the contract for the School and Recreation Rooms for the children. Another long-felt want is soon likely to be realised also, viz., some cottages for married staff. The Public Health Committee have recently decided to put up six of these in the sanatorium grounds as soon as possible.

J. C. SMYTH,

Medical Superintendent.

VENEREAL DISEASES.

Facilities for treatment are afforded at the Royal Devon and Exeter, and the South Devon and East Cornwall Hospitals, and at 9 Castle Street, Barnstaple, where the Tuberculosis Dispensary is also located.

During the year, 131 new out-patients and 29 new in-patients were treated at the Royal Devon and Exeter Hospital, compared with 90 and 4 respectively for 1924, and 71 and 18 for 1923. Sixty-one new out-patients and 5 new in-patients were treated at the South Devon and East Cornwall Hospital, compared with 39 and 2 respectively for 1924, and 45 and 6 for 1923; whilst 30 out-patients and no in-patient were treated at 9 Castle Street, Barnstaple, compared with 33 and 1 respectively for 1924, and 41 and 5 for 1923. St. Mary's Home, Exeter, received 18 new patients, compared with 13 for the previous year.

Up to the end of 1925 only 16 names of medical practitioners had been placed on the list of those qualified to administer Salvarsan substitutes. To these 139 supplies were sent in the Exeter area compared with 107 for the previous year. No supply in either year was sent into the Plymouth area.

During the year 778 (749 for the previous year) samples for pathological investigation have been submitted to the pathologists in Exeter and Plymouth, whilst 81 (61 for the previous year) outfits have been provided to medical practitioners in the County.

It has been found necessary to pay £96 8s. 11d. compared with £90 os. 11d. for last year) to patients for travelling expenses to the nearest clinic in order that they might receive treatment. Without this provision these cases would probably go untreated, to the detriment of their own health and that of those with whom they are brought in contact.

Now that the financial restrictions imposed by the Treasury on account of the War have been removed, it is desirable to reconsider the question of the establishment of a clinic at Torquay for service in that town and the large adjoining urban and rural areas. In 1921 the Ministry of Health sanctioned the purchase of an army hut for this purpose, which was to be erected on a site provided by the Torquay Council, but owing to the above restrictions the hut was sold and the scheme abandoned. It appears that there is still this demand for the clinic, and possibly without much expense arrangements might be made to use the out-patient department of the old Torbay Hospital, whilst in-patient treatment could still be carried on in Exeter.

MATERNITY AND CHILD WELFARE.

The main details of the scheme for attending to the health of expectant and nursing mothers and that of children under five years of age, are contained in the report of the Inspector of Midwives and Chief Health Visitor. Arrangements have been made for the admission of cases with abnormal conditions of pregnancy and of those in whom danger might arise from insanitary home surroundings, to the Royal Devon and Exeter Hospital, the Maternity Homes of Exeter and Plymouth, and later it is hoped to the North Devon Infirmary, Barnstaple, where a special maternity ward is to be established. Arrangements are also in existence for the reception of children under five years of age in need of special institutional treatment into the Rosehill Children's Hospital, Torquay, the Orthopædic Hospital, Ivybridge, and several general hospitals.

Maternity deaths and notified cases of puerperal fever and still-births are investigated by the County Council Medical Staff.

Ante-natal advice is given by the Medical Officers at the Maternity Centres and in the homes by the health visitors and by the midwives, and an ante-natal register is provided for the use of all the latter practising in the area. Where possible the School Medical Inspector is appointed Medical Officer to Child Welfare Centres in his area in order to co-ordinate the work with that of the school medical service, and all records of children under five years of age, when admitted to school, are forwarded to the School Medical Inspector for filing in the school medical docketts.

INSPECTOR OF MIDWIVES AND CHIEF HEALTH VISITOR'S REPORT FOR 1925.

MIDWIVES' ACTS, 1902-1918.

Three hundred and one midwives notified their intention to practise, compared with three hundred and fourteen for 1924.

			1925.	1924.
Trained	..	..	279	285
Untrained	..	..	22	29
			<hr/>	<hr/>
			301	314
			<hr/>	<hr/>

Inspections.

During the year 925 visits, compared with 1,016 for the preceding year, have been paid to midwives. Of these visits, 758 were to trained and 167 to untrained midwives. Nineteen special visits have been paid, compared with 37 for last year.

One midwife was reported to the Central Midwives Board for breach of the rules, and was suspended for three months for a further report, but this was not completed as she left the County.

Puerperal Sepsis.

Fifteen cases (urban 7, rural 8), compared with 16 for 1924, were notified in connected with the midwives. In 9 of these cases,

doctors with trained midwives were present at the birth. One case was attended by a doctor and an untrained midwife. In 5 instances, trained midwives alone were in attendance and early sought medical aid.

Ophthalmia Neonatorum.

Twelve cases (urban 9, rural 3) were reported, compared with 23 for the previous year. Four of these occurred in the practice of medical men, and 8 in the practice of trained midwives. All the mothers had ante-natal infections. In all cases but one, in which total blindness ensued, a good recovery of sight occurred. Three cases were treated in Eye Hospitals.

Central Midwives' Board (Notifications).

The following notifications were received :—

	1925.	1924.
Requisitions for medical aid	766	762
Still-births	53	76
Laying out dead bodies ...	122	103
Contact with infection ...	31	47
Death of Mother	—	1
Death of child	8	9
Artificial feeding	98	97
	<hr/>	<hr/>
	1,078	1,095
	<hr/>	<hr/>

Midwifery Service.

Four midwives notified their intention to practise in newly-formed districts :—

- (1) North Petherwin.
- (2) Broadhempston, Denbury and Torbryan.
- (3) Fremington and Bickington.
- (4) Bickleigh and Cadeleigh.

There remain 68 parishes (population about 27,000) without a satisfactory midwifery service.

Notification of Birth Acts, 1907-15.

During the twelve months 4,989 births were notified :—

	1925.	1924.
Notified by medical practitioners ...	2019	2225
Notified by midwives ...	2938	2914
Notified by parents ...	31	17
Notified by women acting in emergency midwifery ...	1	17
Total ...	4989	5173

Non-notified, but obtained from Registrar's returns ...	647	486
Total ...	5636	5659

Still-Births.

One hundred and ninety-nine were notified during the year :—

	1925.	1924.
Notified by medical practitioners ...	119	135
Notified by midwives ...	80	110
Notified by parents ...	—	1
Total ...	199	246

In all cases attended by medical men, a letter is addressed to the doctor suggesting the application of a Wassermann test. In 8 cases this was considered advisable. In the midwives cases, special enquiries are made by the Health Visiting Staff, and, where it is thought necessary, medical advice is suggested.

Health Visitors.

The approved Staff for the year was 20. The following table give the number of visits paid by them :—

	1925.	1924.
Visits to infants under 1 month ...	3532	3746
„ to infants 1—12 months ...	11768	11302
„ to expectant mothers ...	1319	1454
„ to children 1—5 years ...	17252	15277
Total ...	33871	31779

Maternity Centres.

There are 13 Centres established by the Urban District Councils in conjunction with the County Council, 3 Centres under the direct control of the County Council, and 4 Voluntary Centres (Braunton, Dawlish, Honiton, Ivybridge) receiving a grant from the County Council, and in addition there are 4 Voluntary Centres in the County which receive no grant from the County Council.

The following figures below show the attendances at the different centres.

Maternity Centres.	No. of openings.	No. of Attendances by		
		Mothers.	Infants.	Children.
Appledore ..	46	677	371	248
Barnstaple ..	51	1855	1351	847
Bideford ..	45	2410	1392	1423
Braunton ..	8	216	75	172
Brixham ..	45	762	449	618
Crediton ..	48	795	226	704
Dartmouth ..	47	907	416	694
Dawlish ..	38	660	380	486
Exmouth ..	46	2025	966	2036
Honiton ..	46	570	360	377
Ilfracombe ..	46	1793	626	792
Ivybridge ..	22	390	111	269
Newton Abbot ..	46	1310	711	933
Okehampton ..	48	482	246	420
Ottery St. Mary ..	47	645	235	444
Paignton ..	45	1604	754	1122
Plympton St. Mary ..	22	254	85	130
Teignmouth ..	47	530	356	242
Tiverton ..	47	728	467	589
Totnes ..	43	309	219	212
Totals ..	833	18922	9796	12758

During the year 1925, lectures and demonstrations on subjects in connection with Maternity and Child Welfare have been given in the various Centres by the Medical Staff, Chief Health Visitor, Health Visitors and the Domestic Science Teachers. These have been of much service and greatly appreciated.

Supply of Milk for Expectant and Nursing Mothers and for Children.

During the year 330 applications on behalf of new cases and 290 for renewals were received for a supply of milk, 26 of these were refused. Thirty-two mothers paid half the cost of the milk granted to them.

The amount of milk granted by the County Council was 16,226 pints, at an approximate cost of £202 17s. 4d., compared with 19306, pints, costing £241 6s. 6d., for the previous year.

Medical Aid.

During the year, of the 766 requisitions for medical aid sent by midwives, 468 claims for payment under Sec. 14 of the Midwives Act, 1918, were made by medical men. The fees amounted to £865 19s. od., against £863 10s. 6d. for the previous year. Under the same Section of the Act repayment from the patients was claimed by the County Council in 219 cases which were not considered to be entirely necessitous. The amount so claimed was £185 0s. od., compared with £185 11s. 6d. for the previous year.

METEOROLOGY.

The outstanding features for 1925 were the drought and brilliant weather of June and the cold spell which lasted with little intermission from November 8th to December 26th. With the exception of June, the summer was a disappointing one.

Districts.	No. of Rainy Days.		Rainfall in inches.		Mean Temperature.		Daily Mean Sunshine in Hours.	
	1925	1924	1925	1924	1925	1924	1925	1924
N. (Ilfracombe)	176	186	38.1	40.4	51.4	51.3	4.3	4.0
E. (Cullompton)	194	211	39.4	47.3	50.0	40.8	4.2	3.3
S. (Torquay) ..	167	192	39.1	43.9	51.7	51.5	4.9	4.4
W. (Tavistock) ..	217	227	57.6	62.8	49.2	49.1	—	—
S.W. England ..	194	205	41.2	48.2	49.6	49.4	4.4	3.7

APPENDIX.

HEALTH WEEK, 1925.

To the Members of the Health Week Committee.

LADIES AND GENTLEMEN,

I have to report that during Health Week (October 4th—11th) 39 lectures were given by the Medical Staff of the County Council in 35 different places, at which there were about 2,484 people present. The Staff also gave addresses to school children in several schools. The Health Visitors gave 10 lectures in 8 places to about 314 adults and addresses to children in 42 schools.

Members of the Domestic Science, Physical Instruction and Agricultural Staffs gave 15 lectures in 14 places to about 1,380 adults, together with several addresses to school children.

The officials of the Devon County Nursing Association gave lectures in 6 places to audiences numbering about 350 people, whilst the District Nurses gave addresses, distributed literature and helped in other ways in different parts of the County.

The clergy of the different denominations, some County Councillors, private medical practitioners, district medical officers of health, sanitary inspectors, and ladies with experience of hygiene, gave lectures in 29 places, with audiences of about 2,221 people, in addition to addressing children in 17 schools.

This amounts, as far as is known, to a grand total of 70 lecturers giving 126 lectures to about 6,500 adults, with addresses to children in 70 secondary and elementary schools, to this must be added the response of the Managers and Teachers of the schools in the County to the appeal of the Education Committee to make Hygiene a special subject in the school curriculum during the week. It is also reported that many of the clergy of the different denominations readily responded to the request to make Health Week a special subject in their churches and Sunday schools.

Baby shows were held in 5 places, and the film, "Milkal," kindly lent by the Milkal Co., Hemyock, was shown in Barnstaple, Bideford, Dartmouth, Exmouth and Honiton, free, by the several cinema proprietors. It is computed that about 1,150 people were present at the exhibitions.

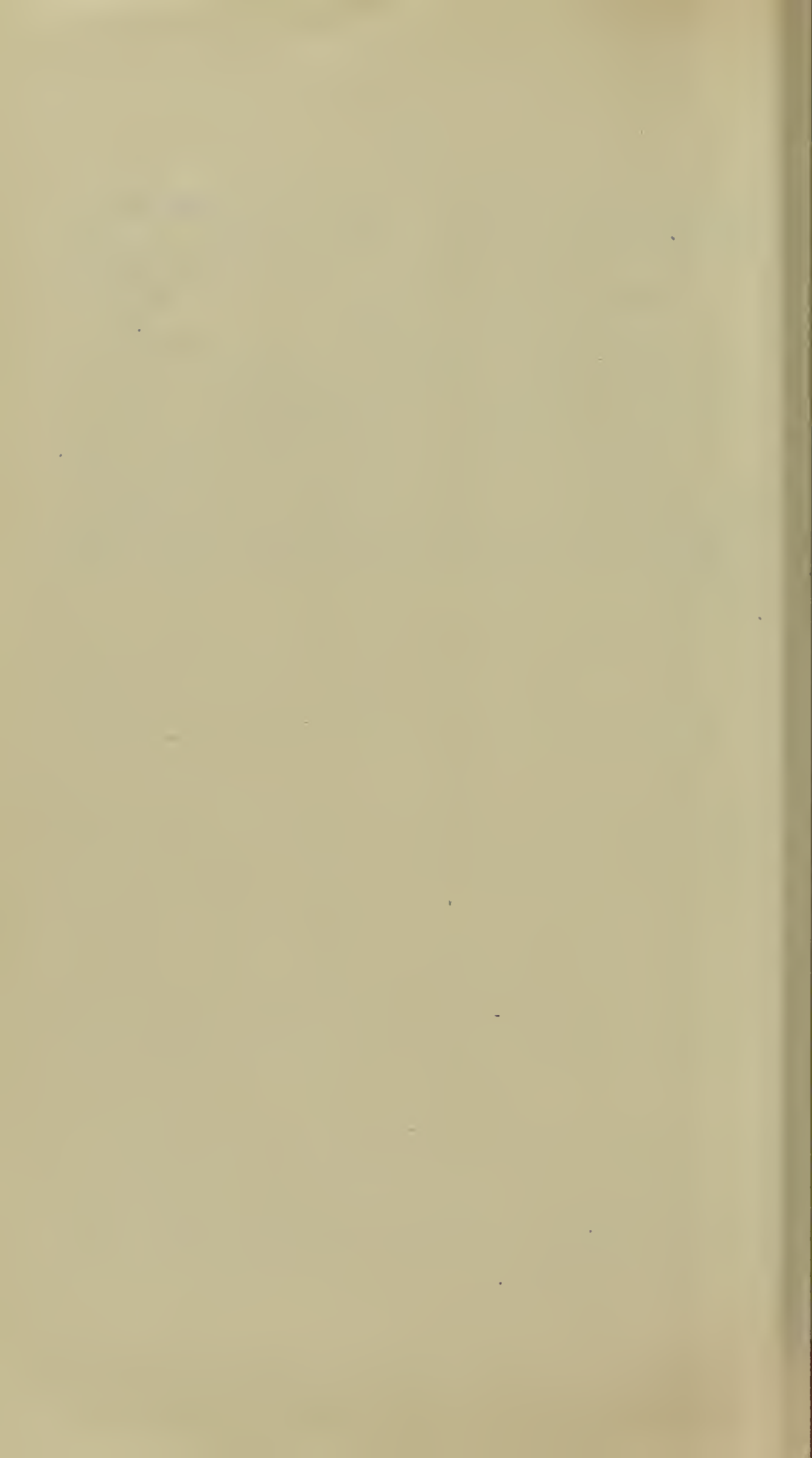
In the matter of literature, 136,000 leaflets were purchased or given by different societies, and of this number, 133,000 were sent to clergy, schools, homes, women's institutes and members of the Red Cross Society and St. John Ambulance Association, district nurses and lecturers for distribution.

An intensive health propaganda campaign was carried out in several places, the chief being Barnstaple, Beaford, Bideford and High Bickington (whole week), Dartmouth and Ivybridge (four days), Honiton, Chagford, Drewsteignton and Okehampton (three days), and Ashburton, Bradninch and Exmouth (two days).

The expenditure amounted to £105 8s. 11d., comprising the following items:—

	£	s.	d.
1. Literature, leaflets and posters	56	8	6
2. Travelling expenses of lecturers	28	10	3
3. Hiring of halls, lantern slides and chairs ..	4	9	6½
4. Postages, carriage of literature and films ..	16	0	7½

It is the general opinion of those best able to judge that the efforts of Health Week in the County were beyond expectation and well worth the effort and expense entailed, and had a longer period been taken in preparation, greater results would have been achieved.



GENERAL TABLE VI.

RATES PER 1,000 POPULATION.

District	Population. (Estimated.) for Birth Rate	Births.		Population (Estimated) for Death Rate.	Deaths.		Principal In- fectious Diseases Deaths.		Tuberculosis Deaths.		Cancer Deaths.		Infant Mortality. Rate per 1000 births.	
		No.	Rate.		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No	Rate.
URBAN.														
Asburton ..	2404	40	16.0	2404	44	18.3	..	..	1	0.4	4	1.6	2	50
Axminster ..	2112	33	15.5	2112	26	12.2	1	0.4	4	1.8	3	1.4	2	60
Bampton ..	1489	21	14.1	1489	20	13.4	..	..	2	1.3	2	1.3	1	47
Barnstaple ..	14050	245	16.7	14050	204	13.9	8	0.5	18	1.2	32	2.1	15	61
Bideford ..	9118	148	16.2	9118	124	13.5	..	..	9	0.9	20	2.1	10	67
Brixham ..	8092	152	18.7	8092	137	16.9	4	0.4	9	1.1	20	2.4	12	78
Buckfastleigh ..	2320	29	12.4	2320	20	12.4	4	1.7	2	0.8	1	0.4	2	68
Budleigh Salterton ..	2420	17	7.0	2420	30	10.0	..	..	..	..	6	2.4	1	58
Crediton ..	3521	41	11.6	3521	40	13.0	..	..	1	0.2	4	1.1	6	116
Dartmouth ..	7099	110	14.6	7099	54	7.9	..	..	3	0.4	8	1.1	5	45
Dawlish ..	4380	16	10.5	4380	56	12.7	..	..	1	0.2	5	1.1	1	21
Exmouth ..	13240	146	11.0	13240	102	12.2	3	0.2	8	0.6	24	1.8	8	54
Great Torrington ..	3055	62	20.2	3055	33	10.8	2	0.6	3	0.9	3	0.9	3	48
Holsworthy ..	1492	23	15.4	1492	14	9.3	1	0.6	..	..	1	0.6	2	86
Honiton ..	3105	49	15.7	3105	44	14.1	1	0.3	..	..	9	2.8	5	102
Hilfcombe ..	8879	95	10.6	8879	125	14.0	..	..	10	1.1	17	1.9	9	94
Ivybridge ..	1083	19	11.2	1083	26	15.4	1	0.5	4	2.3	2	1.1	..	..
Kingsbridge ..	2925	51	17.4	2925	32	10.9	..	..	2	0.6	3	1.0	3	58
Lynton ..	1790	19	10.5	1790	21	11.6	..	..	3	1.6	1	0.5	..	..
Newton Abbot ..	14100	208	14.6	14100	194	13.6	4	0.2	15	1.0	24	1.6	9	43
Northam ..	6060	102	16.8	6060	72	11.8	1	0.1	6	0.9	8	1.3	3	29
Okehampton ..	3470	51	14.0	3470	31	8.9	..	..	1	0.2	3	0.8	2	39
Ortery St. Mary ..	3598	62	17.2	3598	59	16.3	2	0.5	3	0.8	4	1.1	2	32
Paignton ..	14340	146	10.1	14340	186	12.9	4	0.2	13	0.9	16	1.1	9	61
Salcombe ..	2037	21	10.3	2037	15	7.3	..	..	2	0.9	2	0.9	..	..
Seaton ..	1825	20	10.9	1825	27	14.7	..	..	1	0.5	4	2.1	2	100
Sidmouth ..	5093	52	12.1	5093	63	12.3	..	..	6	1.1	12	2.3	..	..
South Molton ..	2800	50	17.9	2800	39	14.0	1	0.3	1	0.3	2	0.7	2	40
Tavistock ..	4303	66	15.3	4303	66	15.3	1	0.2	5	1.1	7	1.6	3	45
Teignmouth ..	9454	117	12.3	9454	144	15.2	..	..	13	1.3	31	3.2	3	25
Tiverton ..	9235	130	14.0	9235	137	14.8	1	0.1	9	0.9	13	1.4	9	69
Torquay ..	35070	513	14.6	35070	538	15.0	8	0.2	42	1.1	67	1.9	33	64
Totnes ..	4913	65	16.0	4913	54	13.3	2	0.2	5	1.2	5	1.2	5	76
URBAN	209700	2959	14.1	209000	2851	13.6	49	0.2	202	0.9	363	1.7	169	57
RURAL.														
Axminster ..	9943	159	15.9	9943	88	8.8	..	..	3	0.3	7	0.7	4	25
Barnstaple ..	18490	271	14.6	18490	237	12.8	1	0.05	12	0.6	28	1.5	18	66
Bideford ..	6092	100	16.4	6092	64	10.5	..	..	2	0.3	8	1.3	2	20
Broadwoodwidge ..	2264	33	14.5	2264	26	11.4	..	..	3	1.3	4	1.7	..	..
Crediton ..	10270	158	15.3	10270	113	11.0	..	..	6	0.5	17	1.6	7	44
Culmstock ..	3230	55	17.0	3230	37	11.4	..	..	1	0.3	5	1.5	3	54
Holsworthy ..	6890	128	18.5	6890	75	10.8	..	..	6	0.8	4	0.5	6	46
Honiton ..	9350	148	15.8	9350	97	10.3	2	0.2	7	0.7	14	1.4	2	13
Kingsbridge ..	11160	163	14.6	11160	129	11.5	2	0.1	7	0.6	15	1.3	7	42
Newton Abbot ..	20480	355	17.3	20480	296	14.4	10	0.4	23	1.1	41	2.0	29	81
Okehampton ..	14070	208	14.7	13450	190	14.1	4	0.2	16	1.1	18	1.3	13	62
Plympton St. Mary ..	23340	345	14.7	22260	278	12.4	2	0.08	22	0.9	38	1.7	22	63
St. Thomas ..	26460	400	15.1	26460	321	12.1	8	0.3	28	1.0	36	1.3	30	75
South Molton ..	10110	185	18.2	10110	107	10.5	1	0.09	6	0.5	13	1.2	9	48
Tavistock ..	15430	220	14.2	15430	180	11.6	1	0.06	11	0.7	20	1.2	15	68
Tiverton ..	14390	224	15.5	14390	173	12.0	5	0.3	16	1.1	21	1.4	7	31
Torrington ..	8711	158	18.1	8711	97	11.1	2	0.2	6	0.6	20	2.2	6	37
Totnes ..	12020	153	12.7	12020	148	12.3	4	0.3	8	0.6	14	1.1	8	52
RURAL	222700	3463	15.5	221000	2656	12.0	42	0.18	183	0.82	323	1.4	188	54
ADMINISTRATIVE COUNTY														
ADMINISTRATIVE COUNTY	432400	6422	14.8	430000	5507	12.8	91	0.2	385	0.89	686	1.59	357	55

TABLE VII.
CAUSES OF DEATH IN EACH DISTRICT DURING THE YEAR 1925.

DISTRICTS.	All Causes.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Fever.	Parturition, apart from Puerperal Fever.	Congenital Debility and Malformation, Premature Birth.	Suicide.	Other Deaths from Violence.	Other defined Diseases.	Causes ill-defined or unknown	
URBAN.																																		
Ashburton	44	2	1	1	4	..	1	..	5	1	4	2	1	1	..	1	4	1	15	1
Axminster	26	..	..	1	..	..	..	..	..	..	3	3	..	..	..	..	4	1	4	1	..	..	..	2	..	1	..	..	..	1	..	6	..
Bampton	20	..	..	..	..	..	..	..	..	..	2	2	..	..	..	3	2	..	1	2	..	..	..	..	..	..	..	..	..	..	..	6	..
Barnstaple	204	1	6	1	5	13	5	32	1	3	10	23	7	14	6	..	1	1	..	2	2	3	8	5	4	4	50	..
Bideford	124	1	8	20	2	12	22	5	10	4	1	2	1	1	23	..
Brixham	137	2	2	5	1	..	9	20	..	3	6	14	12	2	16	2	..	2	1	3	1	2	29	..
Buckfastleigh ..	29	..	..	..	4	..	..	..	..	1	1	1	..	..	3	2	2	2	..	..	..	1	..	..	..	..	..	..	..	1	..	12	1
Budleigh Salterton	39	..	..	..	..	..	3	..	..	..	6	..	1	3	9	1	..	2	..	..	..	..	..	..	..	2	..	..	1	..	1	9	1
Crediton	46	1	1	..	1	..	4	..	1	2	8	5	3	7	1	12	..
Dartmouth	54	..	..	..	..	..	1	..	..	3	..	8	..	3	3	4	6	4	2	..	..	1	..	1	..	1	..	1	2	..	1	13	..
Dawlish	50	..	..	..	..	..	..	..	..	1	5	..	..	1	6	12	5	5	4	..	..	2	1	..	..	..	1	..	..	..	..	11	..
Exmouth	162	1	2	..	5	7	1	24	2	1	25	29	8	6	5	1	2	1	1	..	7	6	1	7	21	..
Great Torrington ..	33	..	..	..	1	..	3	..	..	3	3	..	..	..	..	6	2	3	1	..	..	..	..	..	..	1	..	..	..	4	9	..	..
Holsworthy	14	..	..	..	..	..	2	..	..	..	1	..	..	..	2	2	..	..	1	..	..	..	..	..	..	..	1	..	..	2	..	3	..
Honiton	44	..	..	..	1	..	1	..	..	..	9	..	1	4	5	1	1	2	..	1	..	1	..	..	1	..	..	..	3	1	3	10	..
Ilfracombe	125	..	..	..	..	..	2	..	..	7	3	17	1	..	14	29	13	4	6	..	..	2	..	..	..	1	..	..	3	5	18	..	..
Ivybridge	26	..	..	..	..	1	..	..	..	4	2	..	..	2	3	5	1	2	1	..	..	..	..	1	..	1	..	1	..	..	4	..	..
Kingsbridge	32	..	..	..	..	..	2	..	..	2	3	..	..	2	1	6	..	1	1	1	1	..	..	..	1	1	..	..	2	..	1	8	..
Lynton	21	..	..	..	..	..	2	..	..	1	2	1	..	..	1	3	5	..	..	..	..	..	1	1	..	..	..	..	..	1	3	..	..
Newton Abbot	194	1	..	..	3	9	1	11	4	24	1	3	16	12	16	21	7	2	1	2	1	..	1	2	1	1	2	1	1	3	5	49	1
Northam	72	..	..	..	1	3	..	6	..	8	..	1	12	7	6	4	2	..	1	..	..	..	..	..	..	4	..	..	1	3	13	..	..
Okehampton	31	..	..	..	..	1	..	..	..	3	..	..	..	1	8	6	3	1	..	..	..	..	..	..	1	..	..	..	..	1	5	..	..
Ottery St. Mary ..	59	..	..	..	1	..	3	..	2	1	4	..	14	4	4	3	3	3	..	..	..	..	..	..	1	1	..	1	1	1	13	..	..
Paignton	186	1	..	..	2	4	..	13	..	16	..	3	11	35	12	6	11	1	1	1	1	1	3	5	1	1	3	1	5	49	1	..	..
Salcombe	15	..	..	..	..	1	..	1	..	1	2	..	1	..	..	5	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..
Seaton	27	..	..	..	..	..	..	..	..	..	1	4	..	..	3	5	..	1	1	..	..	1	..	..	1	..	..	..	..	..	9	1	..
Sidmouth	63	..	..	..	..	..	..	5	1	12	..	3	5	14	1	7	2	..	3	..	..	3	..	..	1	2	..	..	1	1	5	..	..
South Molton	39	..	..	..	1	..	1	..	1	..	2	..	..	..	7	10	2	..	..	..	..	..	..	..	1	..	..	..	..	3	8	..	..
Tavistock	66	1	..	..	..	..	3	4	1	7	..	2	1	11	3	5	5	3	..	..	..	..	..	..	1	..	..	..	2	2	15	..	..
Teignmouth	144	..	..	..	..	..	8	11	2	31	..	1	7	19	11	3	6	2	2	..	2	2	..	..	2	5	..	..	2	3	29	..	..
Tiverton	137	..	..	..	1	12	..	9	13	1	2	12	19	7	12	10	2	10	2	..	..	1	..	..	2	..	1	5	3	25	..	..
Torquay	528	..	..	..	8	..	7	32	10	67	..	4	53	104	54	33	14	6	3	4	2	3	5	..	1	13	4	17	82	2	..	..
Totnes	54	..	..	..	2	..	..	4	1	5	..	..	..	..	3	11	..	3	..	..	1	1	..	..	..	3	..	1	1	3	14	1	..
Total	2851	5	1	1	34	4	86	3	1	163	39	393	8	37	243	454	194	175	124	26	22	11	14	15	67	4	7	61	23	79	579	8		
RURAL.																																		
Axminster	88	2	3	..	7	2	7	14	3	5	5	..	1	3	..	1	3	..	3	29
Barnstaple	237	1	2	7	5	28	2	16	33	33	16	8	..	1	1	9	..	1	11	3	6	55
Bideford	64	..	..	..	..	..	4	..	..	2	..	8	1	2	5	12	3	2	2	..	..	..	..	..	1	..	1	2	..	1	16	..	..
Broadwoodwidge ..	26	..	..	..	..	..	..	..	..	2	1	4	..	..	1	6	..	1	1	..	..	..	..	..	1	..	..	..	..	..	7	..	..
Crediton	113	..	..	..	..	..	..	6	..	17	1	..	9	13	3	9	5	3	1	..	..	1	..	1	1	1	1	4	7	30	1	..	..
Culmstock	37	..	..	..	..	..	1	..	..	1	5	..	..	..	1	10	..	1	2	..	..	..	..	..	2	..	..	1	2	11	..	..	..
Holsworthy	75	..	..	..	..	..	2	..	..	6	..	4	3	15	10	..	4	2	1	..	..	1	..	..	2	..	1	5	1	18	..	..	..
Honiton	97	..	..	..	1	..	3	..	..	6	1	14	1	1	4	20	3	7	4	2	..	2	..	..	2	1	..	1	..	22	2	..	..
Kingsbridge	129	1	..	..	..	..	6	..	..	6	1	15	1	4	8	25	4	5	6	2	1	..	..	1	7	1	3	1	3	28	..	..	..
Newton Abbot	296	1	..	1	1	6	9	1	..	17	6	41	1	3	25	41	10	22	7	1	..	1	..	4	1	1	10	1	5	32	..	..	..
Okehampton	190	..	..	1	..	1	2	4	..	11	5	18	2	2	14	46	6	7	4	3	1	2	1	2	1	2	1	3	2	3	58	4	..
Plympton St. Mary ..	278	..	..	..	..	2	6	..	..	17	5	38	1	4	24	46	14	14	16	3	..	2	3	..	4	..	11	1	6	61	..	..	..
St. Thomas	321	3	..	1	..	4	10	1	..	20	8	36	..	2	27	35	18	23	11	6	1	..	3	..	12	3	23	4	7	60	3	..	..
South Molton	107	..	..	..	1	..	3	..	..	6	..	13	2	..	10	21	5	4	7	1	..	..	..	3	..	3	..	7	2	22	..	..	..
Tavistock	180	1	..	..	..	..	8	3	20	3	20	..	2	11	25	1	12	6	4	..	..	3	1	7	..	1	12	..	2	51	2	..	..
Tiverton	173	1	..	..	4	9	1	14	2	21	2	2	8	26	6	6	6	2	1	..	..	1	..	..	7	3	4	3	44	1	..	..	..
Torrington	97	..	..	..	2	..	..	5	1	20	..	..	5	12	5	10	5	10	5	..	..	1	1	..	1	..	1	..	1	25	..	..	..
Totnes	148	..	..	..	1	2	4	..	..	7	1	14	..	1	10	23	5	11	6	..	..	1	..	1	..	1	1	2	4	6	45	1	..
Total	2656	7	3	3	21	4	73	4																										

TABLE VIII.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DEVON, 1925.

CAUSES OF DEATH.	SEX.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
		All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M. F.	1306 1545	93 70	22 20	20 10	21 21	56 36	106 123	298 335	315 330	375 588	1304 1352	108 80	13 17	12 17	33 25	49 36	81 137	280 267	323 288	405 485
1 Enteric Fever	M. F.	1 4	.. ..	.. ..	.. ..	.. ..	1 ..	.. 3	.. ..	.. ..	1 ..	1 6	.. ..	.. ..	.. ..	.. 1	1 ..	.. 1	.. 3	1..	....
2 Small Pox	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3 Measles	M. F.	.. 1	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	1 ..	.. ..	1 1	....	....	....	....	....	....
4 Scarlet Fever	M. F.	.. 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	2 1	.. ..	.. ..	1 1	1..	....	....	....	....	....
5 Whooping Cough ..	M. F.	22 12	11 3	5 0	6 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	8 13	3 8	3 2	2 2	.. 1	....	....	....	....	....
6 Diphtheria	M. F.	3 1	1 ..	.. ..	.. ..	2 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 3	.. ..	1 ..	.. ..	.. 3	....	....	....	....	....
7 Influenza	M. F.	47 39	3 2	1 ..	1 1	.. ..	2 ..	6 2	13 12	11 7	10 15	38 35	1 1	1 ..	.. 1	1 2	.. 1	3 6	12 8	7 7	13 9
8 Encephalitis Lethargica	M. F.	1 2	.. ..	.. ..	.. ..	.. ..	.. 1	.. 1	.. ..	.. ..	.. ..	1 3	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	....	....
9 Meningococcal Meningitis ..	M. F.	.. 1	.. ..	.. ..	1..	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
10 Tuberculosis of Respiratory System ..	M. F.	80 83	.. ..	.. ..	.. ..	.. 3	19 17	37 39	20 18	4 2	.. 4	66 78	.. ..	1 ..	.. ..	1 2	15 16	21 37	20 16	8 6	.. 1
11 Other Tuberculous Diseases ..	M. F.	14 25	2 2	2 ..	1 3	.. 3	3 3	3 8	2 2	.. 4	1 ..	21 18	1 ..	1 1	1 2	4 2	5 2	4 5	4 5	1 1	....
12 Cancer, Malignant Disease ..	M. F.	154 209	.. ..	.. ..	1 ..	.. 1	1 ..	5 11	69 96	48 56	50 45	145 178	.. ..	.. ..	.. 1	.. 1	1 ..	1 11	57 68	54 49	32 48
13 Rheumatic Fever ..	M. F.	2 6	.. ..	.. ..	.. ..	1 3	1 ..	.. ..	.. 2	.. 1	.. ..	6 10	.. ..	.. ..	.. ..	2 2	1 3	2 1	1 2	.. 2	....
14 Diabetes	M. F.	13 24	.. ..	.. ..	.. ..	1 ..	.. ..	1 2	3 7	5 7	3 8	11 15	.. ..	.. ..	.. 1	.. ..	2 ..	.. 4	1 2	5 6	3 2
15 Cerebral Haemorrhage, &c.	M. F.	97 146	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	22 30	33 45	61 49	77 123	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	16 21	23 39	38 62
16 Heart Disease	M. F.	188 266	1 ..	.. ..	.. 1	3 ..	2 2	9 10	52 56	62 83	59 114	208 210	.. ..	.. ..	.. 1	.. ..	6 ..	10 5	38 49	80 73	74 82
17 Arterio-Sclerosis ..	M. F.	106 88	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	9 11	38 25	59 51	66 59	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	9 3	25 14	31 41
18 Bronchitis	M. F.	77 98	8 7	2 ..	.. 1	.. ..	2 ..	1 ..	6 7	23 18	35 63	80 79	4 ..	.. 1	1 ..	.. ..	.. ..	1 2	11 3	21 21	42 44
19 Pneumonia (all forms)	M. F.	59 65	14 12	7 6	1 3	2 1	2 1	6 4	8 12	8 10	11 10	73 48	10 8	4 4	4 1	4 2	5 4	7 10	17 7	14 7	8 5
20 Other Respiratory Diseases ..	M. F.	14 12	.. ..	.. ..	.. ..	1 1	.. 1	1 1	4 3	6 3	2 3	17 19	2 1	.. ..	.. 1	.. ..	.. ..	2 2	6 6	2 4	7 5
21 Ulcer of Stomach or Duodenum ..	M. F.	15 7	.. ..	.. ..	.. ..	.. ..	1 ..	6 2	6 4	2 1	.. ..	7 6	.. ..	.. ..	.. ..	.. 1	.. ..	2 2	4 3	2 ..	1 ..
22 Diarrhoea, etc. ..	M. F.	11 10	5 5	1 ..	.. ..	1 ..	.. ..	.. ..	1 ..	1 2	2 3	4 6	1 3	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	1 ..	.. 2
23 Appendicitis and Typhlitis ..	M. F.	4 10	.. ..	.. 1	1 ..	1 3	1 1	.. 1	.. 2	.. 2	1 ..	6 9	.. ..	.. ..	1 ..	1 1	.. ..	1 3	1 2	1 2	1 1
24 Cirrhosis of Liver ..	M. F.	9 6	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	4 4	5 1	.. ..	5 ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	3 ..	1..	....
25 Acute and Chronic Nephritis ..	M. F.	34 33	.. ..	.. ..	.. ..	1 ..	4 1	2 3	15 14	6 6	6 9	33 36	.. ..	1 1	.. ..	1 ..	1 ..	3 5	6 13	13 11	8 6
26 Puerperal Sepsis ..	M. F.	.. 4	.. ..	.. ..	.. ..	.. ..	.. 2	.. 2	.. ..	.. ..	.. ..	4 ..	.. ..	.. ..	.. ..	.. ..	1 ..	3..	....	....	....
27 Other Accidents and Diseases of Pregnancy & Parturition..	M. F.	.. 7	.. ..	.. ..	.. ..	.. ..	.. 1	.. 6	.. ..	.. ..	.. ..	15 ..	.. ..	.. ..	.. ..	.. ..	6 ..	8 ..	1..	....	....
28 Congenital Debility & Malformation, Premature Birth ..	M. F.	30 31	29 31	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	69 39	68 35	.. 1	.. 1	.. 1	.. 1	1..	....	....	....
29 Suicide	M. F.	20 3	.. ..	.. ..	.. ..	.. ..	2 ..	4 1	10 2	4 ..	.. ..	13 2	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	7 2	2 ..	1 ..
30 Other Deaths from Violence ..	M. F.	49 30	2 3	3 1	3 1	3 3	9 2	9 1	12 6	4 3	4 10	47 11	2 1	.. 1	1 ..	7 ..	4 ..	7 1	16 4	7 1	3 3
31 Other Defined Diseases ..	M. F.	253 316	17 10	1 3	6 2	4 2	6 3	14 22	40 45	54 48	111 181	292 316	15 14	1 6	.. 3	11 6	7 2	15 28	44 40	56 44	143 173
32 Causes ill-defined or unknown ..	M. F.	3 5	1 ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 1	1 ..	.. 2	5 9	.. ..	.. ..	.. 1	.. ..	.. ..	1 1	4 6	.. ..	.. 1

SUMMARY OF SANITARY INSPECTION

URBAN DISTRICTS

[illegible]

TABLE X.
1925.
SUMMARY OF SANITARY INSPECTORS' REPORTS.
RURAL DISTRICTS.

INFECTIOUS DISEASES (PREVENTION OF)			LEGAL PROCEEDINGS			LODGING-HOUSES			NUISANCES			OFFENSIVE TRADES.			CLOSETS AND ASHBINS			RAILWAY STATIONS																	
No. of Lots of Bedding and Clothing disinfected	No. of Lots of Bedding and Clothing destroyed	No. of Houses disinfected	No. of Schools disinfected	No. of Summonses for infectious diseases	No. of Convictions	No. of Summonses taken out for Seizures of unsound Meat, Fish, etc.	No. of Convictions	No. of Summonses taken out for Abatement of Nuisances	No. of Convictions	No. of Common Lodging-houses	No. of Visits to	No. found defective	Are Bye-laws in force ?	No. of Complaints received	No. of Notices issued for Abatement	Total No. abated	No. of cases abated for overcrowding	No. of Complaints of Pigstyes	Any animals removed	Are Bye-laws in force ?	Number	No. improperly conducted	Are Bye-laws in force ?	No. of Public Closets and Urinals built	No. repaired	Are there any more wanted ?	No. of Privies converted into Earth Closets	No. of conversions into Water Closets	No. of cases of insufficient Closet accommodation	No. remedied	No. of Houses without proper Ashbins	No. of Houses remedied	Have you regularly inspected the sanitary arrangements of the railway stations in your district ?	No. of Visits	Condition satisfactory or not
6	5	14	3	..	..	..	..	..	..	..	..	..	..	8	8	8	..	..	..	..	1	..	no	1	..	no	7	..	3	..	23	yes	9	yes	
19	3	19	3	..	..	..	..	..	..	..	..	..	..	72	89	87	..	..	..	..	..	..	no	..	..	yes	28	10	..	..	..	yes	45	yes	
3	..	3	..	..	..	..	..	..	..	..	..	..	..	3	..	29	..	2	6	no	..	..	no	..	..	..	3	..	2	..	..	..	yes	15	yes
3	7	5	2	..	..	..	..	..	..	..	..	..	..	3	9	12	1	1	yes	yes	..	..	..	..	..	no	2	8	3	..	..	yes	6	yes	
1	..	2	..	..	..	..	..	..	..	..	..	..	..	no	33	3	41	..	..	no	1	..	no	..	..	..	..	7	..	..	..	..	yes	3	yes
90	..	108	..	..	..	1	..	..	..	..	..	..	..	yes	73	73	53	1	1	1	1	..	yes	..	..	yes	10	28	3	3	..	yes	30	yes	
139	..	127	3	..	..	..	..	..	..	..	..	..	..	..	4	4	4	1	2	2	no	..	..	no	1	yes	..	..	34	32	..	..	yes	9	yes
21	..	21	..	..	..	..	..	..	..	..	..	..	..	no	14	1	22	..	..	no	..	..	no	..	..	..	2	8	18	..	..	yes	..	yes	
83	..	87	3	..	..	..	..	..	..	..	..	..	..	no	48	199	152	1	2	2	no	2	..	no	..	..	no	3	26	29	..	..	yes	10	yes
7	..	6	..	..	..	..	..	..	..	..	..	..	..	no	4	10	46	1	..	no	2	..	no	7	2	no	..	57	8	8	..	..	no	8	yes
60	3	60	1	..	..	..	..	..	..	..	..	..	..	no	6	6	4	4	yes	no	..	..	..	..	..	..	8	2	2	..	..	yes	..	yes	
7	..	16	..	..	..	..	..	..	..	..	..	..	..	no	6	6	5	2	3	no	..	..	no	..	..	..	..	4	14	10	1	..	yes	6	yes
..	..	30	..	..	..	..	..	..	..	..	..	..	yes	15	..	15	8	8	yes	yes	..	..	yes	..	..	..	..	1	4	4	..	..	yes	12	yes
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	yes	..	..	..	..	6	4	4	..	..	yes	50	yes

TABLE X.
1925,
SUMMARY OF SANITARY INSPECTORS' REPORTS.
RURAL DISTRICTS.

DISTRICTS.	BAKEHOUSES			DAIRIES, MILK-SHOPS AND COWSHEDS			DRAINAGE			FOOD			HOUSES			INFECTIOUS DISEASES (PREVENTION OF)			LEGAL PROCEEDINGS			LODGING-HOUSES			NUISANCES			OFFENSIVE TRADES.			CLOSETS AND ASHBINS			RAILWAY STATIONS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	No. on Register	No. of Visits to	No. found defective	No. on Register	No. of Visits to	No. found defective	Are Regulations in force ?	No. of new Drains	No. repaired	No. of new Sewers and where ?	No. of Samples taken for Analysis	No. of Samples found adulterated	No. of Seizures of unsound Meat, Fish, etc.	Is the Dwelling-house accommodation adequate to the requirements of the working classes of the district?	Number of new Houses required to meet the reasonable demands of the district?	No. of new Houses erected	No. of old Houses satisfactorily renovated	No. of Plans presented to the Authority for approval	No. of Plans passed	No. of Houses condemned as being unfit for human habitation	No. closed	No. of Cases reported under Housing of Working Classes Act, 1890 and 1909	Has any action been taken under Part III. of the Housing of the Working Classes Act, 1890 ?	No. of Houses repaired and linewashed	Is lime for this purpose supplied by the Authority ?	Are there Building Bye-laws ?	Has a complete house-to-house inspection of Dwelling houses been made under the Housing of the Working Classes Act, 1909 ?	No. of Houses inspected under the Housing Regulations, 1910	No. of Lots of Bedding and Clothing disinfected	No. of Lots of Bedding and Clothing destroyed	No. of Houses disinfected	No. of Schools disinfected	No. of Summonses for infectious diseases	No. of Convictions	No. of Summonses taken out for Seizures of unsound Meat, Fish, etc.	No. of Convictions	No. of Summonses taken out for Abatement of Nuisances	No. of Convictions	No. of Common Lodging-houses	No. of Visits to	No. found defective	Are Bye-laws in force ?	No. of Complaints received	No. of Notices issued for Abatement	Total No. abated	No. of cases abated for overcrowding	No. of Complaints of Pigstyes	Any animals removed	Are Bye-laws in force ?	Number	No. improperly conducted	Are Bye-laws in force ?	No. of Public Closets and Urinals built	No. repaired	Are there any more wanted ?	No. of Privies converted into Earth Closets	No. of conversions into Water Closets	No. of cases of insufficient Closet accommodation	No. remedied	No. of Houses without proper Ashbins	No. of Houses remedied	Have you regularly inspected the sanitary arrangements of the railway stations in your district ?	No. of Visits	Condition satisfactory or not	Does anything pollute the rivers or streams in your district ?																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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TABLE X.
1925,
RY OF SANITARY INSPECTORS' REPORTS.
RURAL DISTRICTS.

NUISANCES										OFFENSIVE TRADES.	CLOSETS AND ASHBINS						RAILWAY STATIONS	RIVERS AND STREAMS			SCAVENGING				SCHOOLS.	SLAUGHTER-HOUSES						WATER SUPPLY																	
No. of Complaints received	No. of Notices issued for Abatement	Total No. abated	No. of cases abated for overcrowding	No. of Complaints of Pigstyes	Any animals removed	Are Bye-laws in force ?	Number	No. improperly conducted	Are Bye-laws in force ?	No. of Public Closets and Urinals built	No. repaired	Are there any more wanted ?	No. of Privies converted into Earth Closets	No. of conversions into Water Closets	No. of cases of insufficient Closet accommodation	No. remedied	No. of Houses without proper Ashbins	No. of Houses remedied	Have you regularly inspected the sanitary arrangements of the railway stations in your district ?	No. of Visits	Condition satisfactory or not	Does anything pollute the rivers or streams in your district ?	If so, what, and where ?	How often is house refuse removed ?	By Authority or under Contract ?	How many tons of manure and refuse removed ?	No. in District	No. inspected	No. found in an unsanitary condition	Number	No. of Visits to	No. found defective	Are Statutory Notices affixed ?	Are Bye-laws in force ?	No. of Diseased Animals or Carcases found unfit for human consumption	Nature of diseases or conditions	No. of Samples taken for analysis	No. of Samples found polluted	No. of Houses supplied by wells	No. of Houses supplied by suspicious Wells	No. of old Wells cleaned out and repaired	No. of new Wells sunk	Who are the owners of the water works ?	Are there any complaints against the water supply as to quantity or quality					
2	72	8	no	1	..	no	1	..	no	7	..	3	3	..	23	yes	9	yes	yes	Sewage, Colyton	Twice weekly, Beer and Colyton	Contract	..	12	10	107	..	yes	yes	700 lbs.	Tuberculosis	3	27	R.D.C. & Rolle Estate	No					
8	89	8	no	1	..	yes	28	10	yes	45	yes	yes	Sewers, Braunton and Parracombe	Weekly in parts	Contract	..	33	28	1	19	420	6	yes	yes	11	Tuberculosis, &c.	2	4	15	R.D.C. Barnstaple Water Co., &c.	No				
3	..	29	no	no	3	..	2	2	16	16	..	14	140	..	yes	no	3	Fluke & Tuberculosis	5	1	3	..	2	4	..	R.D.C., Northam U.D.C., &c.	No				
3	no	yes	15	yes	no	5	5	..	5	59	..	no	yes	No				
3	9	12	1	1	yes	yes	2	2	3	2	yes	6	yes	yes	Sewage at Hemyock	6	6	..	6	290	..	no	yes	4	Tuberculosis	4	1	3	3	..	Holcombe Rogus & Sandford Estates	No			
9	3	48	1	1	yes	no	2	..	no	no	2	2	yes	3	yes	no	17	17	1	9	18	3	no	no	14	1	7	13			
33	3	41	no	1	..	no	yes	5	yes	yes	Sewage from villages into streams	19	12	1	9	18	..	yes	no	2		
73	73	53	1	1	1	..	1	..	yes	..	yes	10	28	3	3	yes	30	yes	no	33	33	..	33	527	..	yes	yes	7318 lbs.	Tuberculosis, &c.	3	3		
4	4	..	1	2	2	no	1	yes	34	32	yes	9	yes	26	19	3	16	39	4	no	yes	7	6		
14	1	22	no	no	2	8	..	18	yes	..	yes	no	28	23	1	12	..	6	no	yes	5	Tuberculosis, &c.	29	11	11	7			
48	199	152	1	2	2	no	2	..	no	no	3	..	26	29	yes	10	yes	no	47	25	1	35	144	11	yes	yes	6	Tuberculosis	2	1	15	19			
4	10	46	1	no	2	..	no	..	2	no	57	2	2	yes	..	yes	no	26	14	1	17	46	2	no	yes	2	Fevered	9	7	4	10	..	R.D.C., Plymouth Cor. &c.	Yes, at Mavy Tavy				
6	6	6	4	4	yes	no	7	2	2	yes	..	yes	no	28	28	3	28	..	3	no	no	52	Tuberculosis	12	1	4	10	..	R.D.C.	No				
7	16	3	2	2	3	no	..	no	no	8	4	10	yes	6	yes	no	23	23	..	14	102	8	yes	yes	2	Tuberculosis, Cirrhosis	1	1	6	10			
15	15	8	8	8	yes	yes	..	yes	6	4	4	yes	12	yes	yes	Refuse from Woollen Mills & Sewage at (Harbertonford	Twice weekly	Contract	..	11	2	6	..	no	no	5	1	2	..	2	R.D.C.	Yes, quantity at Kingswear	
																			yes	50	yes	no	Twice weekly, S. Brent	Contract	350	4	4	..	6	40	2	yes	yes	2	..	5	2	R.D.C.	No

